

1. Body Mass Index Information:

Height (in inches):

Weight (in pounds):

CATEGORY 1 QUESTIONS

2. Do you snore?

- Yes **
- No
- I don't know

3. How loud is your snoring?

- My snoring is as loud as breathing
- My snoring is as loud as talking
- My snoring is louder than talking **
- My snoring is very loud **

4. How frequently do you snore?

- Almost every day **
- 3 - 4 times per week **
- 1 - 2 times per week
- 1 - 2 times per month
- Never or almost never

5. Does your snoring bother other people?

- Yes **
- No

6. How often have your breathing pauses been noticed?

- Almost every day **
- 3 - 4 times per week **
- 1 - 2 times per week
- 1 - 2 times per month
- Never or almost never

CATEGORY 2 QUESTIONS

7. Are you tired after sleeping?

- Almost every day **
- 3 - 4 times per week **
- 1 - 2 times per week
- 1 - 2 times per month
- Never or almost never

8. Are you tired during waketime?

- Almost every day **
- 3 - 4 times per week **
- 1 - 2 times per week
- 1 - 2 times per month
- Never or almost never

9. How often do you nod off or fall asleep while driving?

- Almost every day **
- 3 - 4 times per week **
- 1 - 2 times per week
- 1 - 2 times per month
- Never or almost never

CATEGORY 3 QUESTIONS

10. Do you have high blood pressure?

- Yes **
- No
- I don't know

BMI (body mass index)

BMI > 30 **

$$\text{BMI} = \frac{\text{Weight}}{\text{Height} \times \text{Height}} \times 703$$

Weight in pounds, height in inches.

Berlin Scoring Results

Any answer followed by double asterisks (**) is a positive response.
 Category 1 is positive with 2 or more positive responses to questions 2 through 6
 Category 2 is positive with 2 or more positive responses to questions 7 through 9
 Category 3 is positive with 1 or more positive responses and/or a BMI>30
 2 or more positive categories indicates a high likelihood of sleep apnea