## Berlin Questionnaire



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Height (m) Weight (kg)	ВМІ
egory 1	Category 2
o you snore?	6. How often do you feel tired or fatigued after your slee
a. Yes	<ul> <li>a. Nearly everyday</li> </ul>
○ b. No	b. 3-4 times a week
○ c. Don't Know	c. 1-2 times a week
ou snore, your snoring is:	d. 1-2 times a month
a. Slightly louder than breathing	e. Never or nearly never
b. As loud as talking	7. During your waking time, do you feel tired, fatigued o
c. Louder than talking	not up to par?
d. Very loud - can be heard in adjacent rooms	a. Nearly everyday
d. very loud - can be heard in adjacent rooms	b. 3-4 times a week
ow often do you snore	c. 1-2 times a week
C a Nearly evenday	d. 1-2 times a month
a. Nearly everyday	<ul><li>e. Never or nearly never</li></ul>
b. 3-4 times a week	8. Have you ever nodded off or fallen asleep while drivin
c. 1-2 times a week	vehilcle?
d. 1-2 times a month	a. Yes
e. Never or nearly never	O b. No
s your snoring ever bothered other people?	If you have after deag this again
○ a. Yes	If yes, how often does this occur
○ b. No	a. Nearly everyday
c. Don't know	b. 3-4 times a week
s anyone noticed that you suit breathing of wine	c. 1-2 times a week
s anyone noticed that you quit breathing during sleep?	d. 1-2 times a month
a. Nearly everyday	e. Never or nearly never
○ b. 3-4 times a week	Category 3
C. 1-2 times a week	10. Do you have high blood pressure?
d. 1-2 times a month	a. Yes
e. Never or nearly never	O b. No
	c. Don't Know