Berlin Sleep Test Questionnaire

Doctor Information

Doctor's GMC Number Or Surgery Stamp

Doctor's Name .....

Doctor's Phone Number .....

Doctor's Address .....

.....

.....

Doctor's Signature .....

Date .....

Patient Information

Patient's Name .....

Patient's DOB .....

Patient's Phone No .....

Patient's Address .....

.....

.....

Category One

1. Complete the following

Height ..... Age .....

Weight ..... M/F .....

2. Do you snore?

❒ *Yes
❒ No
❒ Don't Know

3. How often do you snore

❒ *Nearly every day
❒ *3-4 times a week
❒ 1-2 times a week
❒ 1-2 times a month
❒ Never or nearly never

4. Your snoring is

❒ Slightly louder than breathing
❒ As loud as talking
❒ *Louder than talking
❒ *Very loud – can be heard in adjacent rooms

5. Has your snoring ever bothered other people

❒ *Yes
❒ No
❒ Don't Know

6. Has anyone noticed that you quit breathing during your sleep

❒ *Nearly every day
❒ *3-4 times a week
❒ 1-2 times a week
❒ 1-2 times a month
❒ Never or nearly never

Category Two

7. How often do you feel tired or fatigued after your sleep

❒ *Nearly every day
❒ *3-4 times a week
❒ 1-2 times a week
❒ 1-2 times a month
❒ Never or nearly never

8. During your waking time, do you feel tired, fatigued or not up to par

❒ *Nearly every day
❒ *3-4 times a week
❒ 1-2 times a week
❒ 1-2 times a month
❒ Never or nearly never

9. Have you ever nodded off or fallen asleep while driving a vehicle

❒ Yes
❒ No

If **Yes, how often does this occur**

❒ *Nearly every day
❒ *3-4 times a week
❒ 1-2 times a week
❒ 1-2 times a month
❒ Never or nearly never

Body Mass Index (BMI)

Weight In lbs / kgs	Height In ins / cms	BMI
.....	.....	.....

Category Three

10. Do You Have high blood pressure?

❒ *Yes
❒ No
❒ Don't Know

Calculate your BMI

D1. Take your height in inches/cms and square the number. In other words, multiply the number of inches/cms by the same number of inches/cms.

D2. Divide your weight in pounds/kgs by the answer in D1. (The D1 answer is your height in inches/cms squared).

D3. Multiply that answer by the conversion factor of **703** if you used inches and pounds. Skip if you used cms and kilograms. The answer is your body mass index

Results

Any answer with a "asterisk (*)" is a positive response

Category 1 is positive with 2 or more positive responses to questions 2- 6

Category 2 is positive with 2 or more positive responses to questions 7-9

Category 3 is positive with 1 or more positive responses and/or a BMI over 30

FINAL RESULT

2 or more categories with a positive result indicate a high likelihood of sleep disordered breathing