

SECTION 1: QUESTIONS	ANSWERS	SCORES	TOTALS
<p>Q1: Have you gained any weight (over the past 3-6 months)?</p> <p>A1: Yes No</p>	<p>Yes No</p>	<p>1 0</p>	
<p>Q2: Do you snore?</p> <p>A2: Yes No Not Sure</p> <p><i>You may have to ask the patient's bed partner or ask the patient if he/she has been told (by family or friends) if he/she snores.</i></p>	<p>Yes No Not Sure</p>	<p>1 0 0</p>	
<p>Q3: If you do snore, how loud is your snoring?</p> <p>A3: Slightly louder than breathing Louder than talking As loud as talking Very Loud</p> <p><i>You may have to ask the patient's bed partner or ask the patient if he/she has been told (by family or friends) how loud the snoring is.</i></p>	<p><i>Slightly louder than breathing</i> <i>Louder than talking</i> <i>As loud as talking</i> <i>Very loud</i></p>	<p>0 0 1 1</p>	
<p>Q4: If you do snore, how often do you snore?</p> <p>A4: Almost everyday 3-4 times a week 1-2 times a week Never or almost never</p> <p><i>You may have to ask the patient's bed partner or ask the patient if he/she has been told (by family or friends) how often he/she snores.</i></p>	<p><i>Almost everyday</i> <i>3-4 times a week</i> <i>1-2 times a week</i> <i>Never or almost never</i></p>	<p>1 1 0 0</p>	
<p>Q5: Does your snoring bother other people?</p> <p>A5: Yes No</p> <p><i>You may have to ask the patient's bed partner or ask the patient if he/she has been told (by family or friends) if they are bothered by his/her snoring.</i></p>	<p>Yes No</p>	<p>1 0</p>	
<p>Q6. Has anyone noticed that you stop breathing during your sleep?</p> <p>A6: Almost every (night or day) 3-4 times a week 1-2 times a week Never or almost never</p>	<p><i>Almost every night/day</i> <i>3-4 times a week</i> <i>1-2 times a week</i> <i>Never or almost never</i></p>	<p>1 1 0 0</p>	
<p>TOTAL SCORE FOR SECTION 1</p>		<p>PATIENT IS POSITIVE IF TOTAL IS \geq 2</p>	

SECTION 2: QUESTIONS	ANSWERS	SCORES	TOTALS
<p>Q7: How often do you feel tired or fatigued after you sleep?</p> <p>A7: Almost every day 3-4 times a week 1-2 times a week 1-2 times a month Never or almost never</p>	<p><i>Almost every day</i> <i>3-4 times a week</i> <i>1-2 times a week</i> <i>1-2 times a month</i> <i>Never or almost never</i></p>	<p>1 1 0 0 0</p>	
<p>Q8: When you are awake, for example, during the day, do you feel tired, fatigued or not fully "awake?"</p> <p>A8: Almost every day 3-4 times a week 1-2 times a week 1-2 times a month Never or almost never</p>	<p><i>Almost every day</i> <i>3-4 times a week</i> <i>1-2 times a week</i> <i>1-2 times a month</i> <i>Never or almost never</i></p>	<p>1 1 0 0 0</p>	
<p>Q9: Have you ever nodded off or fallen asleep while driving a vehicle?</p> <p>A9: Yes No</p>		<p>Yes 1 No 0</p>	
<p>ASK Q10 IF THE PATIENT ANSWERED "YES" TO Q9:</p> <p>Q10: How often does this occur?</p> <p>Almost everyday 3-4 times a week 1-2 times a week 1-2 times a month Never or almost never</p>	<p><i>Almost everyday</i> <i>3-4 times a week</i> <i>1-2 times a week</i> <i>1-2 times a month</i> <i>Never or almost never</i></p>	<p>1 1 1 1 0</p>	
<p>TOTAL SCORE FOR SECTION 2</p>		<p>PATIENT IS POSITIVE IF TOTAL IS \geq 2</p>	

SECTION 3: QUESTION	ANSWERS	SCORES	TOTALS
<p>Q11: Do you have high blood pressure?</p> <p>A11: Yes No Don't know</p> <p>You need to take the patient's blood pressure during the office visit to verify. Answer is "Yes" if Systolic \geq 140 <u>or</u> Diastolic \geq 90</p>	<p>Yes No Don't know</p>	<p>1 0 0</p>	
<p>Q12: What is your Body Mass Index or BMI?</p> <p>A12: \geq 40 \leq 40</p> <p>You should measure the patient's height and weight during the office visit and compute the BMI</p>	<p>\geq 40 \leq 40</p>	<p>1 0</p>	
<p>TOTAL SCORE FOR SECTION 3</p>			<p>PATIENT IS POSITIVE IF TOTAL IS \geq 1</p>

OVERALL RISK ASSESSMENT BASED ON BERLIN QUESTIONNAIRE:

- [] Patient is **HIGH RISK** for Obstructive Sleep Apnea if 2 or more sections are positive.
- [] Patient is **LOW RISK** for Obstructive Sleep Apnea if 0 or 1 section is positive.

Physician Name (Please print): _____

Physician Signature: _____

Date: _____