

## | Berlin Questionnaire (BQ)

Male

Female

Height (m)

Weight (kg)

Age

### Instructions

Please choose the correct answer to each question.

### Category 1

---

1 Do you snore?

Yes

No

Don't know

---

2 *If you snore*, Your snoring is:

a

Slightly louder  
than breathing

b

As loud as  
talking

c

Louder than  
talking

d

Very loud,  
can be heard in  
adjacent rooms

---

3 How often do you snore:

a

Nearly  
every day

b

3-4 times  
a week

c

1-2 times  
a week

d

1-2 times  
a month

e

Never  
or nearly never

---

4 Has your snoring ever bothered other people?

Yes

No

Don't know

---

5 Has anyone noticed that you quit breathing during your sleep?

a

Nearly  
every day

b

3-4 times  
a week

c

1-2 times  
a week

d

1-2 times  
a month

e

Never  
or nearly never

## Category 2

---

6 How often do you feel tired or fatigued after you sleep?

a

Nearly every day

b

3-4 times a week

c

1-2 times a week

d

1-2 times a month

e

Never or nearly never

---

7 During your waking time, do you feel tired, fatigued or not up to par?

a

Nearly every day

b

3-4 times a week

c

1-2 times a week

d

1-2 times a month

e

Never or nearly never

---

8 Have you ever nodded off or fallen asleep while driving a vehicle?

Yes

No

---

9 *If yes*, How often does this occur?

a

Nearly every day

b

3-4 times a week

c

1-2 times a week

d

1-2 times a month

e

Never or nearly never

**Category 3**

**10** Do you have high blood pressure?

Yes

No

Don't know

**Please mark "✓" as appropriate:**

Almost daily

Often

Rarely

Not at all

Do you typically awaken with a dry mouth?

Do you typically awaken with a sore throat?

Do you drool on your pillow during the night?

**Men:** Do you have problems with penile erections (i.e. impotence)?

Do you frequently awaken during the night to void urine?

Do you experience frequent heartburn or reflux during the night?

Do you wake up with headaches in the morning?

Did you ever have a fractured jaw, broken nose or oral problems?

Have you done heavy exercise or manual labour?

### Guidelines for Scoring/Interpretation

As the scoring process tends to be rather complex in comparison to other apnea scales, the instrument is often recommended for use by sleep specialists or individuals with similarly relevant training.

The survey evaluates "yes or no" responses and multiple-choice selections, and includes space for calculating Body Mass Index (BMI) based on respondent measurements. Points are given to responses that indicate more acute symptoms.

For "yes or no" questions, **one point** is given to an answer of "**yes**". In the case of multiple-choice questions, the **two answers** that correspond with the **highest severity of apnea** both receive **one point**.

Categories one and two are considered high risk if the individual receives two or more points. Category three questions (obesity and blood pressure). The respondent is considered high risk when blood pressure is found to be high or when BMI is greater than 30 kg/m<sup>2</sup>.