Dr Peter Friedland
Adult & Paediatric Ear, Nose and Throat

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Berlin Questionnaire for Obstructive Sleep Apnoea

Name: _____

Address: _____

Age: _____ Height: _____ Weight: _____ ☐ Male ☐ Female

Category 1

1. Do you snore?

- ☐ Yes
- ☐ No
- ☐ Don't Know

If you snore:

2. Your snoring is?

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

3. How often do you snore?

- ☐ Nearly every day
- ☐ 3-4 times per week
- ☐ 1-2 times per week
- ☐ 1-2 times per month
- ☐ Never or nearly never

4. Has your snoring ever bothered other people?

- ☐ Yes
- ☐ No

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

- ☐ Nearly every day
- ☐ 3-4 times per week
- ☐ 1-2 times per week
- ☐ 1-2 times per month
- ☐ Never or nearly never

Category 2

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

- ☐ Nearly every day
- ☐ 3-4 times per week
- ☐ 1-2 times per week
- ☐ 1-2 times per month
- ☐ Never or nearly never

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

- ☐ Nearly every day
- ☐ 3-4 times per week
- ☐ 1-2 times per week
- ☐ 1-2 times per month
- ☐ Never or nearly never

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

- ☐ Yes
- ☐ No

If yes, how often does it occur?

- ☐ Nearly every day
- ☐ 3-4 times per week
- ☐ 1-2 times per week
- ☐ 1-2 times per month
- ☐ Never or nearly never

Category 3

9. Do you have high blood pressure?

- ☐ Yes
- ☐ No
- ☐ Don't Know

10. BMI > 30

- ☐ Yes
- ☐ No

Scoring categories on following page

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Scoring Questions:
Any answer within a box to a question is a positive response.

Scoring Categories:

☐ Category 1 is positive with 2 or more positive responses to questions 1-5

☐ Category 2 is positive with 2 or more positive responses to questions 6-8

☐ Category 3 is positive with 1 positive response to questions 9-10

Final Result:
If 2 or more possible categories are positive, there is a high likelihood of sleep apnoea.

Berlin Questionnaire score: ☐ High ☐ Low

Medicare Australia threshold if sleep study without prior Sleep Physician CONSULTATION: “High” score only

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