



















## **Sleep Pattern Questionnaire**

**Please place a circle around the symbol  in front of the question if the answer is yes. The second questionnaire is designed to help identify breathing problems when you sleep (sleep apnea). Fill it out as well and provide the single best answer to each question.**

-  **Do you snore when you are sleeping?**
-  **Do you have trouble staying awake during the day?**
-  **Do you experience unwanted behaviors while sleeping? (such as crawling sensations in your legs, jerking, grinding teeth, clenched jaws)**
-  **Does it take you longer than 20 minutes to fall asleep?**
-  **Do you wake up more than once a night?**
-  **Do you use any type of medication to help you sleep? (such as over the counter sleeping aids, or prescription medications).**
-  **Is your sleep disturbed because of your bed partner?**
-  **Does your job involve shift work or night work?**
-  **Do you fall asleep at inappropriate times? (such as driving, eating, during a conversation).**
-  **Have you had accidents or near accidents while driving because you felt so sleepy?**
-  **Have you gained more than 10 pounds in the last year?**
-  **Do you have frightening dreams?**
-  **Do you sometimes awaken with a choking sensation?**
-  **Have you been told that you stop breathing while you sleep?**
-  **Do you sweat a lot when you sleep?**
-  **Do you wake up from sleep with an intense unpleasant feeling of fear, anxiety or dread?**
-  **Do you wake up with a headache often?**

- ✘ Have you been told your legs jerk or twitch while sleeping?
  - ✘ Do you use more than one pillow while sleeping?
  - ✘ Do you have difficulty waking up in the morning?
  - ✘ Do you take frequent naps throughout the day?
  - ✘ Have you had an increased amount of emotional stress in the last year?
  - ✘ Do you sometimes feel paralyzed or unable to move when waking up or falling asleep?
  - ✘ Do you wake up with muscle tension or tightness in your arms or chest?
- If you answered YES to three or more questions, you may have a sleep problem that should be evaluated by a physician.

## The Berlin Questionnaire

<u>Question</u>	<u>Response</u>
1. Has your weight changed?	Increased Decreased No change
2. Do you snore?	Yes No Do not know
3. Snoring loudness	Loud as breathing Loud as talking Louder than talking Very loud
4. Snoring frequency	Almost every day 3 to 4 times per week 1 to 2 times per week 1 to 2 times per month Never or almost never
5. Does your snoring bother other people?	Yes No
6. How often have your breathing pauses been noticed?	Almost every day 3 to 4 times per week 1 to 2 times per week 1 to 2 times per month Never or almost never
7. Are you tired after sleeping?	Almost every day 3 to 4 times per week 1 to 2 times per week 1 to 2 times per month Never or almost never

**8. Are you tired during waketime?**

**Almost every day  
3 to 4 times per week  
1 to 2 times per week  
1 to 2 times per month  
Never or almost never**

**9. Have you ever fallen asleep while driving?**

**Yes  
No**

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

**Yes  
No  
Do not know**

**Adapted with permission from Netzer NC, Stoohs RA, Netzer CM, Clark K, Strohl KP. Using the Berlin Questionnaire to identify patients at risk for the sleep apnea syndrome. Ann Intern Med 1999;131:488.**