Purpose  Designed to identify individuals at high risk for sleep apnea, the short survey (11 questions) focuses on three categories of apnea signs and symptoms: snoring, daytime sleepiness, and obesity/high blood pressure. The instrument may be indicated for use in both research, and as a screening tool for clinicians hoping to quickly establish apnea risk factors in their patients.

Population for Testing  Validated in patients 18 years old and over.

Administration  Questions are self-reported in a paper-and-pencil format: Administration should require about 5–10 min, though possibly longer as blood pressure may need to be taken and recent weight and height measurements are necessary for the calculation of body mass index. For a similar measure, see the STOP-Bang (Chap. 91).

Reliability and Validity  A number of studies have examined the psychometric properties of the instrument, and findings suggest that the kind of patient population being examined has some bearing on the sensitivity and efficacy of the measure. Though Chung and colleagues [1] found the tool to be moderately sensitive in a surgical patient population, a second study examining patients at a sleep clinic [2] discovered a sensitivity of only 62%, making it unlikely to benefit clinicians during diagnosis. In almost all of the literature, the tool appears to be more valuable when apnea is moderate or severe.

Obtaining a Copy  A number of adapted versions are available without copyright. See the original article [3] and that published by Chung and colleagues [1].

Scoring  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/m².
BERLIN QUESTIONNAIRE

Height (m) ________ Weight (kg) ________ Age ________ Male / Female

Please choose the correct response to each question.

CATEGORY 1
1. Do you snore?
   □ a. Yes
   □ b. No
   □ c. Don’t know

   If you snore:
   2. 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?
      □ a. Yes
      □ b. No
      □ c. 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

   Please mark “X” as appropriate:
   Do you typically awaken with a dry mouth? ________ Almost Daily ________ Often ________ Rarely ________ Not at all ________
   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 ever done heavy exercise or manual labour? ________

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?
   □ a. Yes
   □ b. No

   If yes:
   9. 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
Representative Studies Using Scale

**References**


**Representative Studies Using Scale**
