

Berlin Questionnaire

Name _____
 Phone _____
 Email _____

SLEEP EVALUATION

1 Complete the following:
 height _____ age _____
 weight _____ male/female _____

CATEGORY 1

2 Do you snore?

- yes
 no
 don't know

If you snore:

3 Your snoring is?

- slightly louder than breathing
 as loud as talking
 louder than talking
 very loud. Can be heard in adjacent rooms.

4 How often do you snore?

- nearly every day
 3-4 times a week
 1-2 times a week
 1-2 times a month
 never or nearly never

5 Has your snoring ever bothered other people?

- yes
 no

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

- nearly every day
 3-4 times a week
 1-2 times a week
 1-2 times a month
 never or nearly never

CATEGORY 2

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

- nearly every day
 3-4 times a week
 1-2 times a week
 1-2 times a month
 never or nearly never

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

- nearly every day
 3-4 times a week
 1-2 times a week
 1-2 times a month
 never or nearly never

9 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 a week
 1-2 times a week
 1-2 times a month
 never or nearly never

CATEGORY 3

10 Do you have high blood pressure?

- yes
 no
 don't know

BMI = _____

Scoring Questions: Any answer within box outline is a positive response

Scoring Categories: Category 1 is positive with 2 or more positive responses to questions 2-6
 Category 2 is positive with 2 or more positive responses to questions 7-9
 Category 3 is positive with 1 or more positive responses and/or a BMI > 30

Final Results: 2 or more positive categories indicates a high likelihood of sleep disordered breathing.

PULMONARY & SLEEP
 OF TAMPA BAY 

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EPWORTH SLEEPINESS SCALE

NAME (Nombre): _____

DATE (Fecha): _____

YOUR AGE (YR) (Su Edad): _____

YOUR SEX (Sexo): MALE

FEMALE

How likely are you to doze off or fall asleep in the following situations, in contrast to feeling just tired? This refers to your usual way of life in recent times. Even if you have not done some of these things recently, try to work out how they would have affected you. Use the following scale to choose the most appropriate number for each situation.

¿Cual es la probabilidad de quedarse dormido/a en las siguientes situaciones, en contraste con sólo sentirse cansado? Esto se refiere a su forma de vida habitual recientemente. Incluso si usted no ha hecho alguna de estas cosas recientemente, trate de elaborar cómo le han afectado. Utilice la siguiente escala para elegir el número más apropiado para cada situación. Por favor circule sus repuestas.

0 = would never doze
1 = slight chance of dozing
2 = moderate chance of dozing
3 = high chance of dozing

0 = No me dormire
1 = Poca posibilidad de dormirme
2 = Una posibilidad moderada de dormirme
3 = Me quedare dormido/a

Situation/ Situacion

Chance of dozing/ Posibilidad de quedarse dormido/a

Sitting and reading

Sentado/a o leyendo..... 0 1 2 3

Watching TV

Viendo la television..... 0 1 2 3

Sitting, inactive, in a public place (e.g. a theater or a meeting)

Sentado/a, inactive/a, en un lugar public (por ejemplo, un cine, una reunion)..... 0 1 2 3

As a passenger in a car for an hour without a break

Como pasajero en un auto por una hora (o mas) sin paradas..... 0 1 2 3

Lying down to rest in the afternoon when circumstances permit

Acostado/a descansando por la tarde si las circunstancias lo permiten..... 0 1 2 3

Sitting and talking with someone

Sentado/a o conversando con alguien..... 0 1 2 3

Sitting quietly after a lunch without alcohol

Sentado/a comodamente despues de almorzar sin haber tomado alcohol..... 0 1 2 3

In a car, while stopped for a few minutes in traffic

En un automovil cuando esta parado por unos minutos en trafico..... 0 1 2 3

Total..... _____