Berlin Questionnaire

| 1. | Complete the following: | 7. How often do you feel tired or fatigued after | | | | | |
|-------|---|---|--|--|--|--|--|
| | height age | your sleep? | | | | | |
| | weight male/female | nearly every day3-4 times a week | | | | | |
| | · | ☐ 1-2 times a week | | | | | |
| 2. | Do you snore? | ☐ 1-2 times a month | | | | | |
| | yes | ☐ never or nearly never | | | | | |
| | □ no | 8. During your waketime, do you feel tired, | | | | | |
| | ☐ don't know | fatigued or not up to par? | | | | | |
| lf yo | ou snore: | nearly every day | | | | | |
| | Your snoring is? | ☐ 3-4 times a week | | | | | |
| | ☐ slightly louder than breathing | ☐ 1-2 times a week | | | | | |
| | \square as loud as talking | 1-2 times a month | | | | | |
| | ☐ louder than talking | ☐ never or nearly never | | | | | |
| | very loud. Can be heard in adjacent rooms. | 9. Have you ever nodded off or fallen asleep | | | | | |
| 4. | How often do you snore? | while driving a vehicle? | | | | | |
| | nearly every day | □ yes | | | | | |
| | ☐ 3-4 times a week | □ no | | | | | |
| | ☐ 1-2 times a week | If was how often does it assure | | | | | |
| | ☐ 1-2 times a month | If yes, how often does it occur? — nearly every day | | | | | |
| | □ never or nearly never | ☐ 3-4 times a week | | | | | |
| _ | Has your sparing ever bothered other popula? | ☐ 1-2 times a week | | | | | |
| Э. | Has your snoring ever bothered other people? ☐ yes | ☐ 1-2 times a month | | | | | |
| | □ yes | never or nearly never | | | | | |
| | | _ , , , , , , , , , , , , , , , , , , , | | | | | |
| 6. | Has anyone noticed that you quit breathing | 40. Da way haya birk bland wasayar | | | | | |
| | during your sleep? | 10. Do you have high blood pressure? yes | | | | | |
| | □ nearly every day□ 3-4 times a week | ☐ yes ☐ no | | | | | |
| | 1-2 times a week | ☐ don't know | | | | | |
| | ☐ 1-2 times a week | _ don't know | | | | | |
| | never or nearly never | | | | | | |
| | =, | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | Name | | | | | |
| | | | | | | | |
| | | Address | | | | | |



Berlin Questionnaire

| Complete the following: height age | 7. How often do you feel tired or fatigued after your sleep? |
|--|--|
| | l ∟ nearly every day |
| weight male/female _ | 3-4 times a week |
| | ☐ 1-2 times a week |
| Do you snore? | ☐ 1-2 times a month |
| yes | □ never or nearly never |
| □ no | 9 Duning value walketings do you feel timed |
| ☐ don't know | 8. During your waketime, do you feel tired, |
| | fatigued or not up to par? ☐ nearly every day |
| ou snore: | ☐ 3-4 times a week |
| Your snoring is? | ☐ 1-2 times a week |
| slightly louder than breathing | ☐ 1-2 times a week ☐ 1-2 times a month |
| as loud as talking | never or nearly never |
| louder than talking | · · · · · · · · · · · · · · · · · · · |
| very loud. Can be heard in adjacent room | 9. Have you ever nodded off or fallen asleep |
| How often do you snore? | while driving a vehicle? |
| nearly every day | □ yes |
| ☐ 3-4 times a week | □ no |
| ☐ 1-2 times a week | If was how often does it assum? |
| ☐ 1-2 times a month | If yes, how often does it occur? ☐ nearly every day |
| ☐ never or nearly never | ☐ 3-4 times a week |
| | |
| Has your snoring ever bothered other | 1-2 times a week |
| yes | never or nearly never |
| □ no | , |
| Has anyone noticed that you quit broduring your sleep? | 10. Do you have high blood pressure? |
| nearly every day | yes |
| 3-4 times a week | |
| 1-2 times a week | don't know |
| 1-2 times a week | don't know |
| never or nearly never | |
| - Hevel of Hearty Hevel | BMI = |
| | |

Address _____

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 positive response and/or a BMI >30

Final Result:

Two or more positive categories indicates a high likelihood of sleep disordered breathing.

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RESPIRONICS

Berlin Questionnaire

| 1. Complete the following: | 7. How often do you feel tired or fatigued after your sleep? |
|--|--|
| height age | nearly every day |
| weight male/female | _ ☐ 3-4 times a week |
| | ☐ 1-2 times a week |
| 2. Do you snore? | ☐ 1-2 times a month |
| yes | never or nearly never |
| □ no | - |
| ☐ don't know | 8. During your waketime, do you feel tired, |
| □ don't know | fatigued or not up to par? |
| If you snore: | ☐ nearly every day |
| 3. Your snoring is? | ☐ 3-4 times a week |
| slightly louder than breathing | ☐ 1-2 times a week |
| as loud as talking | ☐ 1-2 times a month |
| louder than talking | never or nearly never |
| very loud. Can be heard in adjacent rooms. | 0 Harrison and ded off on faller advan |
| | 9. Have you ever nodded off or fallen asleep |
| 4. How often do you snore? | while driving a vehicle? |
| nearly every day | yes |
| ☐ 3-4 times a week | |
| 1-2 times a week | If yes, how often does it occur? |
| ☐ 1-2 times a month | nearly every day |
| never or nearly never | ☐ 3-4 times a week |
| 5. Has your snoring ever bothered other people | |
| yes | 1 1-2 times a month |
| □ no | never or nearly never |
| | |
| 6. Has anyone noticed that you quit breathing | |
| during your sleep? | 10. Do you have high blood pressure? |
| nearly every day | □ yes |
| ☐ 3-4 times a week | □ no |
| ☐ 1-2 times a week | ☐ don't know |
| ☐ 1-2 times a month | |
| never or nearly never | |
| , | BMI = |

Address _____

Any answer within black 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 positive response and/or a BMI >30

Final Result:

Two or more positive categories indicates a high likelihood of sleep disordered breathing.

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RESPIRONICS

Body Mass Index Table

| | | | Weight in Pounds | | | | | | | | | | | | | |
|--------|------|---------------|------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|-----|
| | 4-10 | \rightarrow | 91 | 96 | 100 | 105 | 110 | 114 | 120 | 124 | 129 | 134 | 139 | 143 | 167 | 191 |
| | 4-11 | \rightarrow | 94 | 99 | 104 | 109 | 114 | 119 | 124 | 129 | 133 | 138 | 143 | 148 | 173 | 198 |
| | 5-0 | \rightarrow | 97 | 102 | 108 | 112 | 118 | 123 | 128 | 133 | 138 | 143 | 149 | 153 | 179 | 204 |
| | 5-1 | \rightarrow | 100 | 106 | 111 | 116 | 122 | 127 | 132 | 137 | 143 | 148 | 153 | 158 | 185 | 211 |
| | 5-2 | \rightarrow | 104 | 109 | 115 | 120 | 126 | 131 | 136 | 142 | 147 | 153 | 158 | 164 | 191 | 218 |
| | 5-3 | → | 107 | 113 | 118 | 124 | 130 | 135 | 141 | 147 | 152 | 156 | 163 | 169 | 197 | 225 |
| | 5-4 | \rightarrow | 111 | 116 | 122 | 128 | 134 | 140 | 145 | 151 | 157 | 163 | 168 | 174 | 204 | 233 |
| | 5-5 | → | 114 | 120 | 126 | 132 | 138 | 144 | 150 | 153 | 162 | 168 | 174 | 180 | 210 | 240 |
| ght | 5-6 | \rightarrow | 118 | 124 | 130 | 136 | 142 | 148 | 155 | 161 | 167 | 173 | 179 | 185 | 216 | 248 |
| Height | 5-7 | → | 121 | 127 | 134 | 140 | 147 | 153 | 159 | 166 | 172 | 178 | 185 | 191 | 223 | 255 |
| _ | 5-8 | \rightarrow | 125 | 131 | 138 | 144 | 151 | 158 | 164 | 171 | 177 | 187 | 190 | 197 | 230 | 263 |
| | 5-9 | → | 128 | 135 | 142 | 149 | 155 | 162 | 169 | 176 | 183 | 189 | 196 | 203 | 237 | 270 |
| | 5-10 | \rightarrow | 132 | 139 | 146 | 153 | 160 | 167 | 174 | 181 | 188 | 195 | 202 | 209 | 249 | 278 |
| | 5-11 | → | 136 | 143 | 150 | 157 | 165 | 172 | 179 | 186 | 193 | 200 | 208 | 215 | 250 | 286 |
| | 6-0 | \rightarrow | 140 | 147 | 155 | 162 | 169 | 177 | 184 | 191 | 199 | 206 | 213 | 221 | 258 | 294 |
| | 6-1 | \rightarrow | 144 | 151 | 159 | 166 | 174 | 182 | 190 | 197 | 204 | 212 | 219 | 227 | 268 | 303 |
| | 6-2 | \rightarrow | 148 | 155 | 163 | 171 | 179 | 187 | 194 | 202 | 210 | 218 | 225 | 233 | 272 | 311 |
| | 6-3 | → | 152 | 160 | 168 | 176 | 184 | 192 | 200 | 208 | 216 | 224 | 232 | 240 | 279 | 319 |
| | 6-4 | \rightarrow | 156 | 164 | 172 | 180 | 189 | 197 | 205 | 213 | 221 | 230 | 238 | 246 | 287 | 328 |
| | | | 4 | 1 | V | ↓ | V | V | ↓ | V | ↓ | ↓ | → | V | ↓ | 40 |
| | | | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 35 | 40 |
| | | | ВМІ | | | | | | | | | | | | | |

- 1. Look down the left column to find patient's height in feet and inches.
- 2. In the same row, find the number closest to the patient's weight in pounds.
- 3. BMI appears at the bottom of the column below the patient's weight.

Note:To calculate BMI with kilograms and meters use this formula: BMI = weight (kg)/height (m²)

Berlin Questionnaire overview and instructions

Purpose

The Berlin Questionnaire is a validated patient survey that helps to identify Obstructive Sleep Apnea (OSA). It was developed in 1998 at a medical conference in Berlin, Germany, by a group of family practice physicians and sleep researchers.

The purpose of the Berlin Questionnaire is twofold: to identify patients who are at high risk for OSA and to identify those snoring patients who have a low risk for OSA. It is a simple, self-administered patient questionnaire and a validated predictive assessment tool designed to assess three OSA risk categories:

- the presence and frequency of snoring behavior
- · wake time sleepiness or fatigue
- a history of obesity and/or hypertension

Instructions for use

Step 1: Have patient complete questionnaire. Using the NCR form, the patient needs to press down for marks to register on all three pages.

Step 2: Using the NCR form, the medical professional removes the top copy (white) and scores page two (yellow).

How to score a questionnaire

Once you have removed the top, white copy, you will see that the scoring is divided into three categories marked in blue. The positive questions are framed within the black box outline; negative questions are not framed.

Category 1 evaluates sleep and snoring behavior. If there are two or more answers inside the black boxes, this is considered to be a positive response. Check the box in the lower left-hand corner to indicate a positive category.

Category 2 determines the presence of daytime sleepiness.

If there are two or more answers inside the black box, this is considered to be a positive response. Check the box in the lower lefthand corner to indicate a positive category.

Category 3 assesses patient's history of hypertension and obesity.

Category 3 requires you to calculate the Body Mass Index (BMI) and document if the patient has hypertension. To calculate the BMI, use the chart on the back of the physician copy. If the BMI is greater than 30, it is a positive response. If the patient has a history of hypertension, it is a positive response. Category 3 is considered positive when only one of the two questions is positive.

Step 3: Discussing questionnaire results with patient

A patient has a positive questionnaire if he or she scores "positive" in two or more sections. If two or more sections are positive, discuss with the patient the risks of having untreated sleep apnea and explore the patient's willingness to go to a sleep center for further testing. If the patient is willing, he or she should be directed to a sleep center for further information and additional testing for sleep apena.



Summary of validation studies – Berlin Questionnaire

Using the Berlin Questionnaire to Identify Patients at Risk for the Sleep Apnea Syndrome Netzer, N.C., Stoohs, R.A., Netzer, C.M., Clark, K., Stroh,I K.P. Ann Intern Med 1999:131:485-491

Prevalence of Symptoms and Risk of Sleep Apnea in Primary Care Netzer, N.C., Hoegel, J.J., Loube, D., Netzer, C.M., Hay, Birgit, Alvarez-Sala, R., Strohl, K.P. Chest 2003;4:1406-1414

According to Netzer, et al., there is evidence that the prevalence of OSA in primary care offices is higher than in the community. In the 1999 Annals of Internal Medicine study, 744 patients in five primary care sites in Cleveland, Ohio, were surveyed, of whom 100 underwent sleep studies. Of the 744 respondents, 297 (37.5%) were in the high-risk group. The high-risk group for OSA was comprised of patients with persistent and frequent symptoms in two of the following three categories: presence and frequency of snoring; wake-time sleepiness or fatigue; and a history of obesity or hypertension.

Being in the high-risk group predicted an RDI greater than 5 with a sensitivity of 86%, a specificity of 77%, a positive predictive value of 89%, and a likelihood ratio of 3.79.

In the Chest 2003 study, data was collected from 6,223 consecutive patients who were more than 15 years of age, in 40 offices and clinics in the United States, Germany, and Spain. This is the first large data set providing information collected by a standardized protocol on snoring, sleepiness, and other features associated with sleep apnea across many primary care sites.

The results show that one-third of participants (32%) had a high pretest probability for OSA with a higher rate in the United States (35.8% of 3,915 participants) than in Europe (26.3% of 2,308 participants). Other categories measured sleepiness (32.4% vs. 11.8%, respectively), followed by obesity and/or hypertension (44.8% vs. 37.1%), contributed to the OSA risk differences between participants in the U.S. and Europe, as frequent snoring and pauses in breathing were similarly reported.

Conclusion

Primary care physicians in the U.S. and Europe will encounter a high demand for services to confirm or manage sleep apnea, sleepiness, and obesity. The Berlin Questionnaire provides a means of identifying patients who are likely to have sleep apnea.



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