Mountain
Sleep Diagnostics

Phone: (303) 396-5923   Fax: (303) 957-5414   Email: Office@MountainSleepDiagnostics.com

Patient's Name:_____ DOB:_____

Height: ___in. Weight:_____lbs.   BMI:_____kg/m^2 Neck Size:____in.

Epworth Sleepiness Scale

How likely are you to doze off or fall asleep in the following situations, in contrast to just feeling 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 circle the most appropriate response for each situation.

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

Sitting and reading   ——

Watching TV   ——

Sitting, inactive, in a public place (theater, meeting etc) ——

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

Lying down to rest in the afternoon when circumstances permit ——

Sitting and talking to someone   ——

Sitting quietly after lunch without alcohol   ——

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

Total   ___

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Modified Berlin Questionnaire

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

4. **Has your snoring ever bothered other people?**
   Yes
   No
   Don't Know

5. **Has anyone noticed that you quit breathing or have apneic events 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

6. **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

7. **During your waking time, do you feel tired, fatigued or not 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

8. **Have you ever nodded off or fallen asleep while driving a vehicle?**
   Yes
   No

If Yes:

9. **How often does this 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

CATEGORY 4

11. **Have you ever woken up choking or gasping?**
    Yes
    No
    Don't know

12. **Are you easily or frequently woken up from sleep?**
    Nearly every day
    3-4 times a week
    1-2 times a week
    1-2 times a month
    Never or nearly never

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Patient History Questions

Have you ever had a sleep study done before?
 If Yes, was the study done at Home   or at a Sleep Center?   Date of study_____
 Are the sleep study results available for review? Yes   No

 Have you ever been diagnosed or treated for any of the following conditions?

Heart disease:	Yes	No	Stroke:	Yes	No
Diabetes:	Yes	No	Depression:	Yes	No
Lung disease:	Yes	No	Sleep apnea:	Yes	No
Insomnia:	Yes	No	Nasal oxygen use:	Yes	No
Narcolepsy:	Yes	No	Restless leg syndrome:	Yes	No
Sleeping Medication:	Yes	No	Morning headaches:	Yes	No

Scoring Berlin questionnaire

Adapted from: Table 2 from Netzer, et al., 1999. (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 Oct 5;131(7):485-91).

The questionnaire consists of 3 categories related to the risk of having sleep apnea. Patients can be classified into High Risk or Low Risk based on their responses to the individual items and their overall scores in the symptom categories.

Categories and scoring:

Category 1: items 1, 2, 3, 4, 5.
Item 1: if '**Yes**', assign **1 point**
Item 2: if '**c**' or '**d**' is the response, assign **1 point**
Item 3: if '**a**' or '**b**' is the response, assign **1 point**
Item 4: if '**a**' is the response, assign **1 point**
Item 5: if '**a**' or '**b**' is the response, assign **2 points**
Add points. Category 1 is positive if the total score is 2 or more points

Category 2: items 6, 7, 8 (item 9 should be noted separately).
Item 6: if '**a**' or '**b**' is the response, assign **1 point**
Item 7: if '**a**' or '**b**' is the response, assign **1 point**
Item 8: if '**a**' is the response, assign **1 point**
Add points. Category 2 is positive if the total score is 2 or more points

Category 3 is positive if the answer to item 10 is 'Yes' OR if the BMI of the patient is greater than $30 kg/m_2$. (BMI must be calculated. BMI is defined as weight (kg) divided by height (m) squared, i.e., kg/m_2).

Category 4 is not part of the Berlin questionnaire, however it is necessary for some insurance companies.

High Risk: if there are 2 or more Categories where the score is positive
Low Risk: if there is only 1 or no Categories where the score is positive

Additional Question: item 9 should be noted separately.

MSD Form 18-C