

Dear patients,

Welcome to our office! By answering the following questions you can help us to make an accurate analysis. Your information will, of course, be treated confidentially. Thank you.

BERLINER FRAGEBOGEN

Patient's last name, first name:

Date of birth: Female Male

Height (cm): Weight (kg): Neck circumference (cm):

CATEGORY 1

1. Has your weight changed significantly in the past year?

- gained 5 Kg lost 5 Kg not changed

2. Do you snore?

- 1 yes no I don't know

3. The volume of your snoring is

- slightly louder than the sound of normal breathing
 almost as loud as normal speech
 1 louder than normal speech
 1 extremely loud, can even be heard through a closed door

4. How often do you snore?

- 1 nearly every day
 1 3-4 times per week
 1-2 times per week
 1-2 times per month
 never or hardly ever

5. Has your snoring kept another person from sleeping

- 1 yes no

6. Has anyone noticed breathing pauses while you sleep?

- 2 nearly every day
 2 3-4 times per week
 1-2 times per week
 1-2 times per month
 never or hardly ever

CATEGORY 2

7. How often do you feel exhausted already when you get up in the morning?

- 1 nearly every day
 1 3-4 times per week
 1-2 times per week
 1-2 times per month
 never or hardly ever

8. Do you feel tired, listless, weary or up to less than your full potential?

- 1 nearly every day
 1 3-4 times per week
 1-2 times per week
 1-2 times per month
 never or hardly ever

9. Have you ever accidentally nodded off while driving?

- 1 yes no

If so, how often does this happen?

- 1 nearly every day
 1 3-4 times per week
 1-2 times per week
 1-2 times per month
 never or hardly ever

CATEGORY 3

10. Do you have high blood pressure?

- 1 yes no I don't know

TO BE FILLED OUT BY DOCTOR

Results of the sleep lab study/ of the sleep apnea

Screening in the sleep lab/ by specialist

- no sleep apnea syndrome
 (suspected) light sleep apnea syndrome
 (suspected) moderate sleep apnea syndrome
 (suspected) severe sleep apnea syndrome

PUNKTE

Category 1: questions 2-6

Category 2: questions 7-9

Category 3: question 10 Body-Mass-Index:

RDI/ AHI: Desaturation Index:

Lowest desaturation: %SaO₂

If the patient has a total of 2 or more points, the category is considered positive. A combination of 2 positive categories is an indication for screening.

Examples:

Category 1 or 2: 2 points and BMI ≥ 30 → risk of OSAS

Category 2 or 1: 2 points and high blood pressure → risk of OSAS

Category 1: 2 points and Category 2: 2 points → risk of OSAS