HOME SLEEP STUDY QUESTIONNAIRE

NAME: **DATE:**

HEIGHT: (CM) **WEIGHT: (KG)**

SEX: **BMI** **KG/M²**

EPWORTH SLEEPINESS SCALE (SCORE 8 OR MORE TO PROCEED)

USE THE FOLLOWING SCALE TO CHOOSE THE MOST APPROPRIATE NUMBER FOR EACH SITUATION

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

Sitting and reading	
Watching television	
Sitting inactive in a public place (e.g. a theatre or meeting)	
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:

AND one of STOP BANG, OSA 50 or Berlin Questionnaire being positive

STOP BANG SLEEP APNOEA QUESTIONNAIRE (SCORE 3 OR MORE TO PROCEED)

S	DO YOU SNORE LOUDLY?	YES	NO
T	DO YOU OFTEN FEEL TIRED?	YES	NO
O	HAS ANYONE OBSERVED YOU STOP BREATHING?	YES	NO
P	DO YOU HAVE OR ARE YOU BEING TREATED FOR HIGH BLOOD PRESSURE?	YES	NO
B	IS YOUR BMI HIGH THAN 35KG/M2?	YES	NO
A	AGE OVER 50?	YES	NO
N	NECK CIRCUMFERENCE MORE THAN 40CM/ 16 INCHES?	YES	NO
G	IS YOUR GENDER MALE?	YES	NO

OSA 50 SCREENING QUESTIONNAIRE (SCORE 5 OR MORE TO PROCEED)

Obesity	Waist circumference – male > 102cm or female >88cm (3)	
Snoring	Has your snoring ever bothered other people (3)	
Apnoea	Has anyone noticed that you stop breathing during your sleep? (2)	
50	Is your age 50 or over? (2)	

Total: /10

BERLIN QUESTIONNAIRE (2 OR MORE CATEGORY SCORE POSITIVE PROCEED)

This is the last set of questions and its multiple choice. Please choose one.

CATEGORY 1

1. **Do you snore?**
_ a. Yes
_ b. No
_ c. Don't know

If you snore:

2. **Your snoring is: How loud is your snoring?**
_ 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

CATEGORY 2

6. **How often do you feel tired or fatigued after 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

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

Scoring Berlin Questionnaire
The questionnaire consists of 3 categories related to the risk of having sleep apnoea. 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, and 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 30kg/m2.
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.