



## INSTRUCTIONS FOR BERLIN SLEEP QUESTIONNAIRE BSQ, VERSION 1.0 (QxQ)

### I. GENERAL INSTRUCTIONS

The Berlin Sleep Questionnaire is filled out by the study coordinator at the baseline visit.

**Header Information:** The header information consists of key fields which uniquely identify each recorded instance of a form.

**FORM DATE:** Record date this is being completed. Select the date from the pop up calendar or type in the date in the space provided. Dates should be entered in the mm/dd/yyyy format.

**INITIALS:** Record the staff code of the person entering the data on this form. This code is assigned to each person at each site by the GIC. If you do not have a staff code and are collecting SPIROMICS data please contact the GIC in order to receive your own individual staff code.

### II. DETAILED INSTRUCTIONS FOR EACH ITEM

Each question should be read aloud the participant exactly as it is written and every answer read out loud before the participant chooses and answer. Read the two sentences in **bold** before category 1 out loud before reading the questions.

- Item 1. Read the question out loud to the participant. If s/he does snore select 'Yes' and continue to item 2. If s/he does not snore or is unsure of the answer select either 'No' or 'Don't know' and skip to item 5.
- Item 2. Read the question and all answers out loud to the participant and select the answer that best describes the volume of his/her snoring.
- Item 3. Read the question and all answers out loud to the participant and select how often s/he indicates s/he snores.
- Item 4. Read the question out loud; if the participant indicates that the snoring bothers others (such as a spouse or roommate) select 'Yes'. If no one is bothered or the participant is unsure if any one else is bothered by snoring select 'No' or 'Don't know'.
- Item 5. Read the question and every answer out loud to the participant. If no one has ever noticed the participant to have stopped breathing during sleep select 'Never or nearly never'. If the participant has been noticed to has stopped breathing during sleep select how often this occurs.
- Item 6. This question asks about feelings of fatigue or tiredness. Read the question and all answers aloud and select the choice that fits the participant's answer
- Item 7. Read this question and all the answers out loud and select the answer the participant gives regarding feeling tired or fatigued during waking hours.
- Item 8. If the participant answers 'no' that s/he has never fallen asleep while driving select 'No' and go to item 10. If the participant has fallen asleep while driving select 'Yes' and answer item 9.

- Item 9. This question should be asked if the participant answered 'Yes' to falling asleep while driving. Read the question and answer choices out loud and select the response the participant gives.
- Item 10. Ask the participant this question and select the answer given. Even though blood pressure is measured on another form for this study this form is based on answers given by the participant. If the participant does in fact have high blood pressure as shown by other data collected, but answers 'No' to this question you should still select 'No' to correspond with the answer given by the participant.

Save and close the form.

The Berlin Questionnaire: Netzer NC. "Using the Berlin questionnaire to identify patients at risk for the sleep apnea syndrome. Ann. Int. Med; 131(7): 488 © American College of Physicians. October 5, 1999.