Dataset name: berq_v1.3



Berlin Questionnaire (BQ)

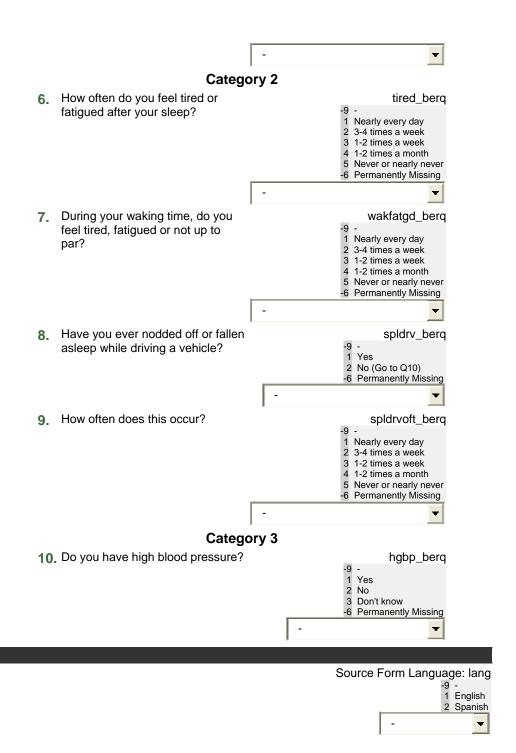
CRF #1.3

Interviewer Note: Please have the participant choose the appropriate responses for each question. If the participant asks about the meaning of any question, re-read the statement (or questions) to them. Ask them to choose what seems to be the best option.

Pre-Interview Instructions to Participant:

"The following questions evaluate the risk of having sleep apnea, a breathing-related sleep disorder. Please choose the correct response to each question."





	LIFE	Acrostic
Participant ID (affix ID label here)	Interviewer Date of Visit	Visit Code month day year

Berlin Questionnaire (BQ)

Interviewer Note: Please have the participant choose the appropriate responses for each question. If the participant asks about the meaning of any question, re-read the statement (or questions) to them. Ask them to choose what seems to be the best option. Pre-Interview Instructions to Participant: "The following questions evaluate the risk of having sleep apnea, a breathing-related sleep disorder. Please choose the correct response to each question." Category 1 Don't Know Yes l No l 1. Do you snore? Go to Question 5 Slightly louder than breathing As loud as talking Louder than talking 2. Your snoring is: Very loud – can be heard in adjacent rooms Don't Know Nearly every day 3-4 times a week 1-2 times a week 3. How often do you snore? 1-2 times a month Never or nearly never Don't Know 4. Has your snoring ever bothered other people? Yes No l Don't Know Nearly every day 3-4 times a week 5. Has anyone noticed that you quit breathing 1-2 times a week during your sleep? 1-2 times a month Never or nearly never Don't Know

	LIFE	Acrostic
Participant ID		Visit Code
(affix ID label here)		Code [

	Categor	ry 2		
	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		
	Nearly every day			
	3-4 times a week			
7.	7. During your waking time, do you feel tired, fatigued or not up to par?	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		
	write driving a verticle:	Go to Question 10		
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		