REDCap

Z1X ADRC NACC
Record ID 0

****** Berlin Sleep Apnea Survey ******

Record ID	0
Visit number: 1 (Initial Visit), 2 and up (Follow up visit) VISITNUM	
Form Date: (Y-M-D)	Y-M-D
Data Entry Date	Y-M-D
Data Entry By	
What is your height (in feet/inches)?	(e.g. 5'10")
What is your weight (in pounds)?	

Please choose the correct response to each question.

Do you snore?	○ Yes ○ No ○ Don't know
You snoring is	○ Slightly louder than breathing ○ As loud as talking ○ Louder than talking
How often do you snore?	○ Almost every day ○ 3-4 times per week ○ 1-2 times per week ○ 1-2 times per month ○ Rarely or never
Has your snoring ever bothered other people?	○ Yes ○ No ○ Don't know
Has anyone noticed that you stop breathing during your sleep?	○ Almost every day ○ 3-4 times per week ○ 1-2 times per week ○ 1-2 times per month ○ Rarely or never
How often do you feel tired or fatigued after your sleep?	○ Almost every day ○ 3-4 times per week ○ 1-2 times per week ○ 1-2 times per month

	○ Rarely or never
During your waking time, do you feel tired, fatigued or not up to par?	○ Almost every day ○ 3-4 times per week ○ 1-2 times per week ○ 1-2 times per month ○ Rarely or never
Have you ever nodded off or fallen asleep while driving a vehicle?	○ Yes ○ No
How often does this occur?	○ Almost every day ○ 3-4 times per week ○ 1-2 times per week ○ 1-2 times per month ○ Rarely or never
Do you have high blood pressure?	○ Yes ○ No ○ Don't know

Form Status

Complete?	Incomplete ⌄