TODAY2 Form BERLIN, Berlin Sleep Questionnaire

☐☐ – ☐☐☐☐☐ RELEASEID ☐☐☐☐ PVISIT

Release Participant ID **Release Visit Number**

1. Days since randomization	☐☐☐☐ DAYS

Instructions: Self-administered validated questionnaire completed once at an annual visit. This form is completed by the participant to record and evaluate, in a standardized manner, those at risk of sleep apnea.

Participant instructions: This questionnaire will ask you about your sleep behaviors and your sleepiness. Please answer each question. If your answer is no and that is not an option, please check 'Never or nearly never'.

2. Do you snore? **If YES, continue. Otherwise, skip to #6.**	1 Yes 0 No 2 Don't know	SBSNORE
3. Your snoring is:	1 Slightly louder than breathing 2 As loud as talking 3 Louder than talking 4 Very loud – can be heard in adjacent rooms	SBSNOREL
4. How often do you snore?	1 Nearly every day 2 3-4 times a week 3 1-2 times a week 4 1-2 times a month 5 Never or nearly never	SBSNOREO
5. Has your snoring ever bothered other people?	1 Yes 0 No 2 Don't know	SBSNOREB
6. Has anyone noticed that you quit breathing during your sleep?	1 Nearly every day 2 3-4 times a week 3 1-2 times a week 4 1-2 times a month 5 Never or nearly never	SBQUIT

TODAY2 Form BERLIN, Berlin Sleep Questionnaire

☐☐ – ☐☐☐☐☐ RELEASEID   ☐☐☐☐ PVISIT

Release Participant ID   **Release Visit Number**

7. How often do you feel tired or fatigued after your sleep?	1 Nearly every day 2 3-4 times a week 3 1-2 times a week 4 1-2 times a month 5 Never or nearly never	SBTIRED
8. During your waking time, do you feel tired, fatigued or not up to par?	1 Nearly every day 2 3-4 times a week 3 1-2 times a week 4 1-2 times a month 5 Never or nearly never	SBWAKE
9. Have you ever nodded off or fallen asleep while driving a vehicle? *If YES:*	1 Yes 0 No	SBNOD
10. How often does this occur?	1 Nearly every day 2 3-4 times a week 3 1-2 times a week 4 1-2 times a month 5 Never or nearly never	SBNODO