



Bed Partner or Observer Questionnaire

Date: _____ Patient's Name: _____

Your name and relationship to patient: _____

Home Phone# () _____ Work # () _____

How long have you known the patient? _____

How long have you observed the patient's sleep? _____

Why do you think the patient's sleep should be evaluated?

Snoring:

Does the patient snore? Yes No

If yes please answer the following:

- Is the snoring loud?
- Is the snoring irregular; pauses or decreases in volume, followed by gasping?
- Does the snoring occur only when the patient is lying on their back?
- Does the snoring occur every night and for the entire night?
- Is the snoring occasional or infrequent?
- Does the snoring increase with alcohol intake or increased fatigue?

Other Events During Sleep:

- Does the patient exhibit repeated leg or arm jerks during sleep?
- Does the patient toss or turn restlessly when sleeping?
- Does the patient sweat heavily while asleep?
- Does the patient stop breathing while asleep?
- Does the patient gag or choke while asleep?
- Has the patient ever wet the bed as an adult?
- Has the patient ever turned bluish, grayish or dusky while asleep?
- Does the patient appear to "act out" their dreams?
- Has the patient ever become violent while asleep?
- Have the patient's eyes ever rolled up while they were sleeping?
- Does the patient ever scream while sleeping?
- Has the patient ever fallen out of bed?



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- Does the patient sleepwalk?
If yes, please answer the following:
- While sleepwalking, does the patient seem clammy?
- While sleepwalking, does the patient seem agitated or excited?
- While sleepwalking, has the patient ever left the house?

Waking Behaviors:

- Does the patient seem very sleepy when awake?
- Does the patient fall asleep at inappropriate times?
- Does the patient have difficulty with attention, concentration or memory?
- Has the patient ever fallen asleep while driving?
- Has the patient ever had muscular weakness following a strong emotion?
- Has the patient ever suddenly collapsed or fallen?
- Does the patient have episodes of staring or "going blank"?
- Does the patient have episodes of confusion?
- Does the patient experience "panic attacks"?
- Has the patient ever had seizures or convulsions?
- Does the patient seem depressed or irritable?
- Does the patient seem to be aware of his or her own sleepiness?

Please rate the patient's

Quality of sleep:	1	2	3	4	5	6	7
	Poor		Average			Excellent	
Level of Alertness:	1	2	3	4	5	6	7
	Poor		Average			Excellent	

Miscellaneous:

Please add any additional observations, comments or concerns you might have about the patient.