A. Desai, MD A. Sethi, MD U Dhanjal, MD
4000 Highland, Suite 130 Waterford, MI 48328 Tel: 248-681-7909 Fax: 248-681-0455 / 248-681-5814

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

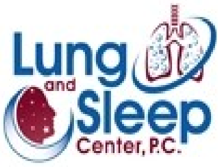
If yes please answer the following:

- ❑ 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?
- ❑ Does the patient sleepwalk?
  If yes, please answer the following:
- ❑ While sleepwalking, does the patient seem clammy?



A. Desai, MD A. Sethi, MD U Dhanjal, MD
4000 Highland, Suite 130 Waterford, MI 48328 Tel: 248-681-7909 Fax: 248-681-0455 / 248-681-5814

- ❑ 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.