



A. Desai, MD

4000 Highland, Suite 130  
Tel: (248) 681-7909

Waterford, MI 48328  
Fax: (248) 681-0455

## 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?



A. Desai, MD

4000 Highland, Suite 130  
Tel: (248) 681-7909

Waterford, MI 48328  
Fax: (248) 681-0455

- 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

<b>Quality of sleep:</b>	1	2	3	4	5	6	7
	Poor		Average			Excellent	
<b>Level of Alertness:</b>	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.