

Sleep Disorders Institutes

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BED PARTNER QUESTIONNAIRE

Patient's Name: _____ Today's Date: _____

TO BE COMPLETED BY THE BED PARTNER TO THE PATIENT ONLY!
PLEASE COMPLETE WITHOUT HELP FROM THE PATIENT.
WE WANT THE BED PARTNER'S IMPRESSIONS AND COMMENTS ONLY.

**"X" OR CIRCLE THE CORRECT ANSWER OR WRITE REQUESTED INFORMATION.
USE SPACES FOR COMMENTS.**

1. How many hours of sleep per night would you estimate that your bed partner gets:
WEEK DAY _____ HRS _____ MINS
WEEKEND _____ HRS _____ MINS
2. Does your bed partner snore? Never Occasionally Often
A. Does he/she snore while sleeping on his (circle all that apply)
 Back Sides Stomach All Positions
B. How loud is his/her snoring? Pick a number from: 1 (light) to 5 (loud) _____
3. Have you observed your bed partner to stop breathing in sleep?
 Never Occasionally Often Unknown
4. While asleep, have you observed your bed partner (CIRCLE ALL THAT APPLY)
 TALK GAG CHOKE SNORT GASP GRIND TEETH
 KICK FEET STOP BREATHING
5. Have you observed your bed partner to take naps during the day?
 Never Occasionally Often
6. Have you observed your bed partner to nod off while driving?
 Never Occasionally Often
7. Does he/she fall asleep unintentionally (WITHOUT WARNING)?
 Never Occasionally Often Unknown
8. How long does it take your bed partner to fall asleep at night?
 _____ Minutes _____ Hours Unknown
9. Does your bed partner awaken during his/her night's sleep?
 Never Occasionally Often Unknown
 A. How long does it take her/him to get back to sleep?
 _____ Minutes _____ Hours Unknown
 B. Do you know why he/she awakens? NO YES

Explain: _____

10. Is you bed partner restless during sleep? Never Occasionally Often

Describe what he/she does when restless: _____

11. Have you observed your bed partner to frequently kick his/her legs during sleep?
Never Occasionally Often

12. Have you observed your bed partner to mumble, talk, or yell during sleep?
Never Occasionally Often

13. How much time altogether is he/she awake during the night's sleep time?
_____Minutes _____Hours Unknown

14. How much stress does your bed partner have at the present time?
Not much Some More then usual A lot

15. Regarding drowsiness rather than just fatigue, enter the number that corresponds to how likely drowsiness would be observed by you, for your bed partner, when in the following situations:

? = IF UNKNOWN

0 = NEVER OCCURS

1 = OCCASIONALLY OCCURES (Less than 50% of the time)

2 = OFTEN OCCURS (50% of the time)

3 = USUALLY OCCURS (More than 50% of the time)

- A. Sitting and reading _____
- B. Watching TV _____
- C. At a public place like a theater or meeting _____
- D. While a passenger in a car riding for one hour _____
- E. Lying down in the afternoon _____
- F. Sitting and talking to someone _____
- G. Sitting down after lunch _____
- H. While driving a car and stopped at a traffic light _____

TOTAL _____

16. Have you noticed your bed partner's mood, memory, concentration, or personality to deteriorate?
YES NO Explain:

17. Has your bed partners sleep problems disrupted your sleep?
Never Occasionally Often Explain:

18. Use this space for anything that you would like to add.