Paloma Medical Group

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SLEEP DISORDERS CENTER

CONFIDENTIAL BED-PARTNER QUESTIONNAIRE

Patient's Name: ____ **DoB:** ______/ ______/ _______

This portion of the form should be filled out by someone other than yourself, who knows your sleep habits well – a spouse, family member, significant other, etc.

Please answer the following questions about the patient's behavior over the past ***six*** months by checking the box next to the word that reflects your opinion.

Snores loudly	☐ Never	☐ Rarely	☐ Sometimes	☐ Often	☐ Always
Keeps you awake by loudly snoring	☐ Never	☐ Rarely	☐ Sometimes	☐ Often	☐ Always
Snores loudly in all positions	☐ Never	☐ Rarely	☐ Sometimes	☐ Often	☐ Always
Snoring results in you sleeping separately	☐ Never	☐ Rarely	☐ Sometimes	☐ Often	☐ Always
Breathing pauses	☐ Never	☐ Rarely	☐ Sometimes	☐ Often	☐ Always
Twitching or kicking legs	☐ Never	☐ Rarely	☐ Sometimes	☐ Often	☐ Always
Twitching or flinging arms	☐ Never	☐ Rarely	☐ Sometimes	☐ Often	☐ Always
Grinding teeth	☐ Never	☐ Rarely	☐ Sometimes	☐ Often	☐ Always
Acting out dreams	☐ Never	☐ Rarely	☐ Sometimes	☐ Often	☐ Always
Poor concentration and/or short term memory	☐ Never	☐ Rarely	☐ Sometimes	☐ Often	☐ Always
Increased irritability and quick temper	☐ Never	☐ Rarely	☐ Sometimes	☐ Often	☐ Always

If this person snores, what makes it worse?

☐ Sleeping on his/her back ☐ Sleeping on his/her side ☐ Alcohol ☐ Fatigue

Has this person ever fallen asleep during normal daytime activities or in dangerous situations? ☐ Yes ☐ No

If yes, please explain: ____

____

Does this person use sleeping pills?

If yes, how many per week? ☐ less than 1 per week ☐ 1 per week ☐ 2-3 per week ☐ 4-7 per week ☐ 7 per week

Do you consider this usage a problem? ☐ Yes ☐ No

Please estimate the likelihood of your bed partner falling sleep in the following common situations:

0 = Never 1 = Slight chance 2 = Moderate chance 3 = High chance N/A = No change to observe or form an opinion

____ Sitting and reading
____ Watching television
____ Sitting inactive in a public place (theatre or meeting)
____ As a passenger in a car for 1 hour without a break
____ Lying down to rest in the afternoon
____ Sitting and talking to someone
____ Sitting quietly after lunch without alcohol
____ In a car, while stopped for a few minutes in traffic

Name of Person Completing Questions ______________________________ Relationship: ____________________