

Today's Date: _____

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

1. How many hours of sleep would you estimate that your bed partner gets:

Weekday Nights _____ hrs _____ min Weekend Nights _____ hrs _____ min

2. Does your bed partner snore? Never Occasionally Often

Does he/she snore while sleeping on his/her back (*check all that apply*):

Back Sides Stomach All Positions

Rate how loud the snoring is. 1 (light) 2 3 4 5 (loud):

3. Have you observed your bed partner stop breathing in his/her sleep? Never Occasionally Often Unknown

4. While asleep, have you observed your bed partner: (*check all that apply*):

Gag Choke Snort Gasp Grind Teeth Kick Feet

5. Have you observed your bed partner taking naps during the day? Never Occasionally Often Unknown

6. Have you observed your bed partner falling asleep when driving? Never Occasionally Often Unknown

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? _____ hours _____ minutes Unknown

9. Does your bed partner awaken during his/her night's sleep? Never Occasionally Often Unknown

How long does it take her/him to get back to sleep? _____ minutes _____ hours Unknown

Do you know why he/she awakens? Yes NO

Explain: _____



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

Describe what he/she does when restless: _____

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

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

13. How much time altogether is he/she awake during the night's sleep time? _____ Hours _____ Minutes Unknown

14. How much stress does your bed partner have at the present time? Not much Some A Lot Unknown

15. Have you noticed your bed partner's mood, memory, concentration, or personality deteriorate? Yes No

Explain: _____

16. Has your bed partner's sleep problems disrupted your sleep? Never Occasionally Often

Explain: _____

17. Use this space for anything you would like to add. _____

