



The Lung Center and Sleep Clinic
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 www.lungcenterandsleepclinic.com

Please complete and bring to your sleep testing appointment! Thanks!

BED PARTNER QUESTIONNAIRE

Patient's Name: _____ **Date of Birth** _____ **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.

CIRCLE THE CORRECT ANSWER OR WRITE REQUESTED INFORMATION. USE OPEN SPACES FOR COMMENTS.

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

WEEK DAY NIGHTS _____ HRS _____ MINS, WEEKEND NIGHTS _____ HRS _____ MINS

2. Does your bed partner snore? NEVER OCCASIONALLY OFTEN UNKNOWN

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

While asleep, have you observed your bed partner to: (*CIRCLE ALL THAT APPLY*):

GAG CHOKE SNORT GASP GRIND TEETH KICK FEET

5. Have you observed your bed partner to take naps during the day? NEVER OCCASIONALLY OFTEN UNKNOWN

6. Have you observed your bed partner to fall 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? _____ 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 your bed partner restless during sleep? NEVER OCCASIONALLY OFTEN UNKNOWN

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 UNKNOWN

12. Have you observed your bed partner to 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?

_____minutes _____hours UNKNOWN

14. How much stress does your bed partner have at the present time?

NOT MUCH SOME A LOT UNKNOWN

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

0=NEVER OCCURS

2=OFTEN OCCURS(50% of the time)

?= UNKNOWN

1=OCCASIONALLY OCCURS

3=USUALLY OCCURS

NA= NOT APPLICABLE

(less than 50% of the time)

(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? NO YES

Explain:

17. Has your bed partner's sleep problems disrupted your sleep? NEVER OCCASIONALLY OFTEN UNKNOWN

Explain:

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