

Athens Center for Sleep Disorders

BED PARTNER QUESTIONNAIRE

◆◆ PLEASE ASK SOMEONE WHO HAS WATCHED YOU SLEEP TO COMPLETE THIS FORM ◆◆

OBSERVER'S NAME: _____ RELATIONSHIP TO PATIENT: _____ DATE: _____

I have observed this person's sleep: Once or Twice Often Almost Every Night

Check any of the following behaviors that you have observed this person doing while asleep. **Circle** those that you consider severe problems for this person.

- | | |
|---|---|
| <input type="checkbox"/> light snoring | <input type="checkbox"/> sleep talking |
| <input type="checkbox"/> loud snoring | <input type="checkbox"/> sitting up in bed not awake |
| <input type="checkbox"/> loud snorts | <input type="checkbox"/> getting out of bed not awake |
| <input type="checkbox"/> pause in breathing (how long? _____ seconds) | <input type="checkbox"/> head rocking or banging |
| <input type="checkbox"/> choking | <input type="checkbox"/> awakening with pain |
| <input type="checkbox"/> gasping for air | <input type="checkbox"/> becoming very rigid and/or shaking |
| <input type="checkbox"/> twitching, moving or kicking of legs | <input type="checkbox"/> biting tongue |
| <input type="checkbox"/> twitching or flinging of arms | <input type="checkbox"/> crying out |
| <input type="checkbox"/> grinding teeth | <input type="checkbox"/> apparently sleeping even if he/she behaves otherwise |
| <input type="checkbox"/> bed-wetting | |
| <input type="checkbox"/> other _____ | |

If snores, what makes it worse? sleeping on his/her back sleeping on his/her side alcohol fatigue

Does snoring sometimes require you or your partner to sleep separately? Yes No

Does this person drink alcohol or use street drugs? Yes No

MODIFIED EPWORTH SLEEPINESS SCALE

As an observer, please complete the following information on your estimation of the chances on his/her dozing in the following situations. (Even if none of these things have occurred recently, try to work out how they would have affected him/her.) Use the scale below to choose the most appropriate number for each situation.

- 0= Would never doze**
1= Slight chance of dozing
2= Moderate chance of dozing
3= High chance of dozing

<u>Situation</u>	<u>Chance of Dozing</u>
Sitting & Reading	_____
Watching TV	_____
Sitting in a public place (i.e. theatre)	_____
As a passenger in a car for over an hour without a break	_____
Lying down to rest in the afternoon	_____
Sitting and talking with someone	_____
Sitting quietly after lunch without alcohol	_____
In a car while stopping for a few minutes in traffic	_____

TOTAL: _____