

ASSESSMENT OF PATIENT'S BEHAVIOR BY BED PARTNER

Please answer the following questions about your bed partner's behavior over the past six months by circling the word that reflects your opinion.

1. Snores loudly _____ never rarely sometimes often always
2. Keeps you awake by loudly snoring _____ never rarely sometimes often always
3. Snores loudly in all positions _____ never rarely sometimes often always
4. Snoring results in you sleeping separately _____ never rarely sometimes often always
5. Breathing pauses and/or snorts are heard _____ never rarely sometimes often always
6. Body movements (legs, arms, body jerks etc.) _____ never rarely sometimes often always
7. Grinding teeth _____ never rarely sometimes often always
8. Acting out dreams _____ never rarely sometimes often always
9. Sleep onset within 5 minutes or less _____ never rarely sometimes often always
10. Poor concentration and/or short term memory _____ never rarely sometimes often always
11. Increased irritability and quick temper _____ never rarely sometimes often always

Please estimate the likelihood of you bed partner falling asleep in the following situations.

0=never 1=slight 2=moderate 3=high N/A=no chance to observe

Situation	Chance of dozing
Sitting and reading	
Watching TV	
Sitting inactive in a public place (i.e. theater or a meeting)	
As a passenger in a car for an hour without a break	
Lying down to rest in the afternoon when the circumstances permit	
Sitting and talking to someone	
Sitting quietly after lunch without alcohol	
In a car, while stopped for a few minutes in traffic	

Total _____

Patient's Name: _____

Date: _____

Name of Person Completing Questionnaire: _____

Relationship: _____