

# Bed Partner Questionnaire

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Your Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

I have observe this patient's sleep patterns :      Never      Once or twice      Often      Every night

What following behaviors that you have observed this person doing while asleep? (Check all that apply)

- |                              |   |
|------------------------------|---|
| Light snorer                 | Becoming very rigid and shaking                   |
| Moderate snorer              | Apparently sleeping even if he/she says otherwise |
| Loud snorer                  | Twitching or kicking of legs                      |
| Occasional loud snorts       | Grinding teeth                                    |
| Choking                      | Sitting up in bed not awake                       |
| Pauses in breathing          | Head rocking or banging                           |
| Sleep talking                | Biting tongue                                     |
| Bed-wetting                  | Crying out  |
| Awakening with pain          | Other _____                                       |
| Getting out of bed not awake |   |

If this person snores, what makes it worse? (Check all that apply)

- Sleeping on back      Sleeping on side      Fatigue      Alcohol

Please describe the behaviors checked in more detail. Describe the time when it occurs, how often it occurs during the night, and whether it occurs every night.

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

If yes, please explain: \_\_\_\_\_

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Does this person use sleeping pills?      Yes      No

If yes, what kind and how often? \_\_\_\_\_

Does this person drink alcohol?      Yes      No

Please estimate the per (week night/weekend night) use of:  
 \_\_\_ / \_\_\_ 12 oz. Bottle/can/tap beer    \_\_\_ / \_\_\_ 6-8 oz. Glasses of wine    \_\_\_ / \_\_\_ 1-1/2 oz bottle/cap/tap liquor

Please estimate how much alcohol this person consumes in the 3 hours before bed: \_\_\_\_\_

If this person uses recreational drugs, please describe both the types and frequency of usage: \_\_\_\_\_



**Anchorage:**  
3920 Lake Otis Pkwy. #1  
Anchorage, AK 99508  
P: (907) 770-9104  
F: (907) 770-8965

**Fairbanks:**  
1901 Airport Way #101  
Fairbanks, AK 99701  
P: (907) 374-3063  
F: (907) 374-8872

**Soldotna:**  
206 W. Rockwell Ave. #101  
Soldotna, AK 99669  
P: (907) 420-0540  
F: (907) 420-0541

**Wasilla:**  
1051 E. Bogard Rd. #1  
Wasilla, AK 99654  
P: (907) 357-6700  
F: (907) 357-6672