

# Bed Partner Questionnaire

Patient Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Check any of the following behaviors that you have observed the patient doing while asleep:

- loud snoring
- light snoring
- twitching of legs or feet during sleep
- pause in breathing
- grinding teeth
- sleep talking
- sleepwalking
- bed wetting
- sitting up in bed but not awake
- head rocking or banging
- kicking with legs during sleep
- getting out of bed but not awake
- biting tongue
- becoming very rigid and/or shaking
- appearing to act out dreams

How long have you been aware of the sleep behavior(s) that you checked above?

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Describe the behavior checked above in more detail. Include a description of the activity, the time of night when it occurs, frequency during the night, and whether it occurs every night. \_\_\_\_\_

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If you have heard loud snoring do you remember pauses in the snoring, or occasional loud "snorts"? \_\_\_\_\_

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