BAYLOR
University Medical Center
at Dallas
Sleep Center

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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:____________________________