Beaumont
PERIODONTICS

BED PARTNER QUESTIONAIRE

Name of patient: _____
Your relationship to patient: _____

How often have you observed this person's sleep?

☐ Never ☐ Once or twice ☐ Often ☐ Every night

Has this person fallen asleep during normal daytime activities or in dangerous situations? If yes, explain: _____
_____

What behaviors have you observed in this person while he or she was asleep? Check all that apply:

o Light snoring	o Limb movement every 10-20seconds	o Teeth grinding
o Loud snoring	o Awakening with pain	o Sitting up in bed
o Occasional loud snorts	o Leg or arm twitching	o Head rocking/banging
o Choking	o Leg kicking	o Sleepwalking
o Pauses in breathing	o Shaking or rocking	o Bedwetting
o Becoming very rigid	o Doing an unusual activity	

o Other _____

Please describe the checked behaviors in more detail. Include a description of the behavior, when it occurs during the night, frequency during the night, and how often it occurs (every night, 4 times a week, etc.).

_____

_____

_____