

Bed Partner/Witness Screening Questionnaire: Obstructive Sleep Apnea

Name: _____

Person completing form: _____ Date: ___/___/___

Please answer the following questions as they pertain to your bed partner in the past month.

1. While sleeping, does your partner:

- | | | | |
|---|---|---|----|
| Snore more than half the time? | Y | N | DK |
| Always snore? | Y | N | DK |
| Snore loudly? | Y | N | DK |
| Have "heavy" or loud breathing? | Y | N | DK |
| Have trouble breathing, or struggle to breathe? | Y | N | DK |

2. Have you ever seen your partner stop breathing during the night?

Y N DK

3. Does your partner:

- | | | | |
|--|---|---|----|
| Tend to breathe through the mouth during the day?..... | Y | N | DK |
| Have a dry mouth on waking up in the morning?..... | Y | N | DK |
| Occasionally wet the bed?..... | Y | N | DK |

4. Does your partner:

- | | | | |
|--|---|---|----|
| Wake up feeling unrefreshed in the morning?..... | Y | N | DK |
| Have a problem with sleepiness during the day? | Y | N | DK |

5. Has a friend, coworker or supervisor commented that your partner appears sleepy during the day?.....

Y N DK

6. Is it hard to wake your partner up in the morning? Y N DK

7. Does your partner wake up with headaches in the morning? Y N DK

8. Is your partner overweight? Y N DK

Scoring

Yes = 1

No = 0

Average all scores to obtain a score between 0.00 and 1.00. Preliminary analyses suggest a cut-off of >0.33 for abnormal.

(For more information see Chervin RD, Hedger K, Dillon JE, Pituch KJ (2000). Pediatric Sleep Questionnaire (PSQ): validity and reliability of scales for sleep-disordered breathing, snoring, sleepiness and behavioral problems. Sleep Medicine 1:21-32.)