



SPOUSE/ROOMMATE/PARENT QUESTIONNAIRE

Note to Patient:

If you live with someone, or have had someone observe you sleeping, please have **them** fill this out prior to your scheduled sleep study, and bring with you to your appointment.

Patient Name: _____

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

Describe the behaviors you have noted Include breathing pattern, movement activity, the time and frequency it occurs during the night or when ever spouse/roommate is asleep.

Check any sleep behavior you have observed while spouse/roommate is asleep:

- Loud snoring
- Body jerks during sleep
- Light snoring
- Restless
- Loud snorts
- Head rocking/banging
- Pauses in breathing
- Biting tongue
- Becoming rigid but not awake
- Sleep walking
- Twitching/kicking of legs/feet during sleep

Any other comments:
