Emsworth Medical Practice
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BED PARTNER / HOUSE-MATE QUESTIONNAIRE

Patient Name:
Date of Birth:
NHS Number:

It is very useful to have additional information from someone who lives with you.
If you have a bed partner, they will be the best person to complete this form.
If not, someone living in the same house as you would be able to complete some of the questions.
Please bring the completed form with you when you attend for your appointment in the sleep clinic.

We are looking to see whether your partner has any trouble with their breathing while asleep, please answer the following:

QUESTION	ANSWER
1. Does your partner snore loudly in their sleep?	Yes / No
2. Is the snoring sufficiently loud to wake you at night?	Yes / No
3. Has the noise been so bad that you have had to sleep in another room?	Yes / No
4. Does your partner stop breathing during their sleep?	Yes / No
5. Can you estimate how many times your partner stops breathing during the average night?	1-10 / 2-20 / >20
6. Have you ever felt the need to wake up your partner to see if they are alright?	Yes / No
7. Is your partner restless in their sleep?	Yes / No
8. Has your partner's personality changed lately?	Yes / No

8a. If so in what way? ----------

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9. Does your partner fall asleep easily during the day? Yes / No

10. Has your partner ever fallen asleep when driving a car? Yes / No

11. Any other comments? ----------
