

QUESTIONNAIRE FOR SLEEPING PARTNER

Name

Date

Partner's Name

We are looking to see whether your partner has problems with their breathing during their sleep. Your answers may be shared with your sleeping partner and in strict confidence.

Please tick box if you **DO NOT** wish your answers to be shared with your sleeping partner.

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|---|------------|-----------|
| 1. Does your partner stop breathing during their sleep?
If they do, how many times a night does this happen?
1-10 11-20 more than 20 times | Yes | No |
| 2. Is your partner very restless in their sleep? | Yes | No |
| 3. Does your partner snore very loudly in their sleep? | Yes | No |
| 4. Has the noise been so bad that you have to sleep in another room? | Yes | No |
| 5. Has your partner's personality changed lately?
If so, in what way? _____ | Yes | No |
| 6. Does your partner fall asleep during the day? | Yes | No |
| 7. Has your partner ever fallen asleep when driving a vehicle? | Yes | No |

How likely is your partner to doze off or fall asleep in the following situations, in contrast to feeling just tired? This refers to their usual way of life. Even if they haven't done some of these things recently, try and work out how they would be affected.

Use the following scale to choose the most appropriate number for each situation:

0 = would **never** doze **1** = **Slight** chance of dozing **2** = **Moderate** chance of dozing **3** = **High** chance of dozing

SITUATION

CHANCE OF DOZING

(circle answer)

Sitting and reading	0	1	2	3
Watching TV	0	1	2	3
Sitting, inactive in a public place (e.g. a theatre or a meeting)	0	1	2	3
As a passenger in a car for an hour without a break	0	1	2	3
Lying down to rest in the afternoon when circumstances permit	0	1	2	3
Sitting and talking to someone	0	1	2	3
Sitting quietly after a lunch without alcohol	0	1	2	3
In a car, while stopped for a few minutes in the traffic	0	1	2	3