



## Bed Partner Questionnaire

**Name of Patient:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Check any of the following behaviors that you have observed the patient doing **while asleep**:

- Loud snoring
- Light snoring
- Twitching of legs or feet
- Pauses in breathing
- Grinding teeth
- Sleep talking
- Sleepwalking
- Bedwetting
- Sitting up in bed while still asleep
- Head rocking or banging
- Kicking with legs
- Getting out of bed while still asleep
- Biting tongue
- Becoming very rigid and/or shaking