

Bed Partner Survey

Do you witness the patient snoring? _____yes _____no

Do you witness the patient choking or gasping for breath during sleep? _____yes _____no

Does the patient pause or stop breathing during sleep? _____yes _____no

Does the patient fall asleep easily, if given opportunity, during the day? _____yes _____no

Do you witness the patient clenching or grinding their teeth during sleep? _____yes _____no

Does the patient appear tired upon wakening from a normal night of sleep? _____yes _____no

Do the patient's sleep habits disturb your sleep? _____yes _____no

Does the patient seem restless in their sleep? Waking up often? _____yes _____no

The more "Yes" answers given, the more likely it is that your bed partner could have a life-threatening condition called sleep apnea. If you answered more than 2 or 3 questions with a "yes", your bed partner should be evaluated for sleep apnea as soon as possible. Contact us now to find out how we can help!