Klamath Pulmonary & Critical Care Medicine

David Panossian, M.D., FACP, FCCP

Linda Tesman PA-C

2614 Almond Street, Klamath Falls, Oregon 97601

(541)-885-2201, FAX (541)883-1400

SLEEP DISORDERS LAB

SPOUSE OR ROOMMATE QUESTIONNAIRE

Name of Patient_____ Date_____

Check any of the following behaviors that you have observed the patient doing.

While Asleep	**While Awake**
☐ loud snoring	☐ depression
☐ light snoring	☐ change in personality
☐ twitching of legs or feet	☐ loss of intellectual function
☐ pauses in breathing	☐ excessive daytime sleepiness
☐ grinding teeth	☐ weight gain
☐ sleep talking	☐ fatigue
☐ sleep walking	☐ morning headache
☐ bed wetting	☐ irritability
☐ sitting up in bed not awake	
☐ kicking of the legs	
☐ getting out of bed not awake	

How long have you been aware of the sleep behaviors that you checked above?

_____

_____

Describe the sleep behaviors described above in more detail. Include the type of activity, the time of night in which it occurs, frequency during the night and whether it occurs every night.

_____

_____

_____

_____

If you have described loud snoring, do you remember hearing short pauses in the snoring or occasional loud snorts? _____