

REM DIAGNOSTICS
Specialists in Sleep Diagnostics

SPOUSE OR ROOMMATE QUESTIONNAIRE

Patient Name: _____ Date: _____

Please check any of the following behaviors that you have observed the patient doing while he/she is asleep:

- _____ Loud snoring
- _____ Light snoring
- _____ Twitching of legs or feet during sleep
- _____ Pauses in breathing
- _____ Grinding teeth
- _____ Sleep talking
- _____ Sleep walking
- _____ Bed wetting
- _____ Sitting up in bed but not awake
- _____ Head rocking or banging
- _____ Kicking with legs during sleep
- _____ Getting out of bed but not awake
- _____ Biting Tongue
- _____ Becoming very rigid and/or shaking

How long have you been aware of the sleep behavior(s) checked above: _____

Describe the behavior(s) checked above in more detail. Include a description of the activity, the time during the night when it occurs, its frequency during the night, and whether it occurs every night. Please describe if activities occur in certain positions.

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

Thank you for completing this form