

Southern Derbyshire Clinical Commissioning Group

Sleep Apnoea Questionnaire for bed partner

We are looking to see whether your partner has any trouble with their breathing while asleep, and it would be very helpful if you could answer the following questions:

QUESTION	ANSWER
1. Does your partner snore loudly in their sleep?	Yes/No
2. Is the snoring sufficiently loud to wake you at night?	Yes/No
3. Has the noise been so bad that you have had to sleep in another room?	Yes/No
4. Does your partnership stop breathing during their sleep?	Yes/No
5. Can you estimate how many times your partner stops breathing during the average night?	1-10 11-20 >20
6. Have you ever felt the need to wake up your partner to see if they are alright	Yes/No
7. Is your partner restless in their sleep?	Yes/No
8. Has your partner's personality changed lately?	Yes/No
8a. If so in what way	
9. Does your partner fall asleep easily during the day?	Yes/No
10. Has your partner ever fallen asleep when driving a car?	Yes/No

11. Any other comments?

DIARY

Time recording started:

Time recording stopped:

Did you get up during the recording? Yes/No

If yes, when?

How well did you sleep?

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