

**WALDO COUNTY GENERAL HOSPITAL  
COASTAL SLEEP LABORATORY  
BELFAST, MAINE 04915  
207-930-2544**

**QUESTIONS FOR HOUSEHOLD MEMBERS OF SLEEP STUDY PATIENT**

The following questions are asked to gain a better understanding of how sleep influences health. All answers will be kept strictly confidential and used for treatment purposes only.

The questionnaire is to be answered by the person who sleeps in the same bedroom or closest to the patient in the Household.

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

Your relationship to sleep study patient:

1.  Mother
2.  Father
3.  Wife
4.  Husband
5.  Brother or Sister
6.  Friend
7.  Son or Daughter
8.  Caretaker
9.  Other \_\_\_\_\_

Do you:

- |  |     |    |
|--|-----|----|
| 1. Share same bedroom as the sleep patient?                    | Yes | No |
| 2. Live in same house as the sleep patient?                    | Yes | No |
| 3. Occasionally sleep in close proximity to the sleep patient? | Yes | No |
| 4. Share the same bed with the sleep patient?                  | Yes | No |

Please go on to page 2 and place a check mark in the box to indicate your answer to the questions. If you need help completing the questionnaire, please call the sleep laboratory and someone there will help you. If you wish to provide more information than can fit in the space provided, please use the back of this paper.

**This questionnaire needs to be returned to the sleep laboratory at the time of the patient's sleep study.**

Thank You!

At night, while the patient was sleeping, how frequently have you noticed the patient to do the following?

	NEVER	RARELY	SOMETIMES	FREQUENTLY	ALWAYS	NOT SURE
Snorts or gasps?						
Tosses, turns, or thrashes?						
Kicks or jerks?						
Talks in their sleep?						
Walks in their sleep?						
Wheezes or whistles?						
Stops breathing?						
Chokes or struggles for breath?						
Awakens because of a breathing problem?						
Snores loudly?						

During the day, how frequently have you noticed the patient to fall asleep while doing the following?

	NEVER	RARELY	SOMETIMES	FREQUENTLY	ALWAYS	NOT SURE
While in a car, bus, train or plane?						
While watching television?						
While reading?						
While eating?						
While talking on the phone?						
While talking face to face?						
While driving a car or riding a bicycle?						
While at work or school?						

RARELY= Has occurred but less than once a week.

SOMETIMES= 1-2 times a week.

FREQUENTLY= 3-4 times a week.

ALWAYS= 5-7 times a week.