



Mohammad Waseem Kagzi, M.D.
Diplomat American Board of Sleep Medicine
Diplomat American Board of Internal Medicine

Saquib M. Ahmed, M.D.
Diplomat American Board of Family Medicine

6440 Grand Avenue Ste. 203
Gurnee, IL 60031

Ph: 847-855-9700
Fax: 847-855-8990

Bed Partner Questionnaire

Name of patient: _____ Date: _____

Name/ Relationship of person filling out this form: _____

Please describe any sleep behaviors you have observed in detail. Include a description of the activity, the time during the night that it occurs, frequency it occurs and whether it happens every night: _____

Has this person ever fallen asleep during normal daytime activities or in dangerous situations?

_____ If yes please explain: _____

Do you have concerns with these person(s)	Yes	No
Breathing at night?	_____	_____
Restlessness during sleep?	_____	_____
Sleepwalking/ talking?	_____	_____
Becoming very rigid or shaking during sleep?	_____	_____