



Neurology & Sleep Specialists

A Department of Riverside Regional Medical Center

Williamsburg Office

120 Kings Way, Ste 2700, Williamsburg, VA 23185
Neuro: 757-221-0110 - Fax: 757-221-0851 - Toll Free: 888-724-4338
Sleep Center: 757-345-3908 - Fax: 757-345-3920

Gloucester Office

7547 Medical Dr, Ste 1300, Gloucester, VA 23061
Neuro: 804-695-8550 - Fax: 804-695-8551
Sleep Center: 804-695-8554 - Fax 804-695-8552

OBSERVER QUESTIONNAIRE

This form can be completed by anyone who knows the patient's sleep habits well – spouse, family member, significant other, etc...

Patient name: _____ Date: _____

Name of person completing form: _____ Relationship to patient: _____

I have observed this person's sleep: rarely occasionally often every night

Please check the appropriate box for the following symptoms:

	None	Rarely	Occasionally	Frequently
Snoring				
Snorting				
Pauses in breathing				
Choking / gasping				
Sleepiness when sitting quietly				
Driving sleepiness				
Leg twitches				
Leg cramps				
Cold feet				
Hard to awaken				
Acting out dreams				
How often does the patient's snoring force you to sleep separately?				

If the patient snores, what makes it worse? alcohol fatigue sleeping on back

Any other pertinent information?
