McLAREN FLINT

Flint, Michigan SLEEP DIAGNOSTIC CENTER

CPAP FOLLOW-UP STUDY QUESTIONNAIRE

me:			ame:										
RCLE ON	IE ANS\	NER PE	R QUE	STION.									
On an a	verage,	, how m	any nig	hts a we	ek do y	ou use (CPAP?						
0	1	2	3	4	5	6	7						
How ma	any hou	rs each	night, d	on an av	erage, o	do you u	se CPA	P?					
0	1	2	3	4	5	6	7	8	9	10			
How mi	uch ben	efit do y	you thin	k you h	ad from	using C	PAP?	0 = no l	benefit :	at all, 10 =	I am compl	etely c	ured
0	1	2	3	4	5	6	7	8	9	10			
How mu	uch disc	comfort	do you	have fro	om usin	g CPAP	? 0 = I	cannot	use it a	nt all, 10 = I	l have no pr	oblems	at all
0	1	2	3	4	5	6	7	8	9	10			
Please	describe	e what ty	pe of di	scomfor	t you ex	perience); 						
How lo	ng have	you be	en usin	g (or try	ing to u	se) CPA	P?						
		any cha	nges in	your we	eight or	health, d	or have	you had	d any co	orrective s	urgery on y	our no	se or
	How mind the second of the sec	CLE ONE ANSA On an average, O 1 How many hou O 1 How much ben O 1 How much disc O 1 Please describe	CLE ONE ANSWER PE On an average, how m O 1 2 How many hours each O 1 2 How much benefit do y O 1 2 How much discomfort O 1 2 Please describe what ty How long have you be Have you had any cha	CLE ONE ANSWER PER QUES On an average, how many nig O 1 2 3 How many hours each night, of the second of the seco	CLE ONE ANSWER PER QUESTION. On an average, how many nights a week of the following of the following periods of the foll	CLE ONE ANSWER PER QUESTION. On an average, how many nights a week do y 0 1 2 3 4 5 How many hours each night, on an average, o 0 1 2 3 4 5 How much benefit do you think you had from 0 1 2 3 4 5 How much discomfort do you have from usin 0 1 2 3 4 5 Please describe what type of discomfort you expended the second of	CLE ONE ANSWER PER QUESTION. On an average, how many nights a week do you use of the control of	CLE ONE ANSWER PER QUESTION. On an average, how many nights a week do you use CPAP? O 1 2 3 4 5 6 7 How many hours each night, on an average, do you use CPA O 1 2 3 4 5 6 7 How much benefit do you think you had from using CPAP? O 1 2 3 4 5 6 7 How much discomfort do you have from using CPAP? O 1 2 3 4 5 6 7 How much discomfort do you have from using CPAP? O 1 2 3 4 5 6 7 Please describe what type of discomfort you experience: How long have you been using (or trying to use) CPAP? Have you had any changes in your weight or health, or have	CLE ONE ANSWER PER QUESTION. On an average, how many nights a week do you use CPAP? O 1 2 3 4 5 6 7 How many hours each night, on an average, do you use CPAP? O 1 2 3 4 5 6 7 8 How much benefit do you think you had from using CPAP? O = no loop of the composition of the comp	CLE ONE ANSWER PER QUESTION. On an average, how many nights a week do you use CPAP? O 1 2 3 4 5 6 7 How many hours each night, on an average, do you use CPAP? O 1 2 3 4 5 6 7 8 9 How much benefit do you think you had from using CPAP? O = no benefit O 1 2 3 4 5 6 7 8 9 How much discomfort do you have from using CPAP? O = I cannot use it a great of the second	CLE ONE ANSWER PER QUESTION. On an average, how many nights a week do you use CPAP? O 1 2 3 4 5 6 7 How many hours each night, on an average, do you use CPAP? O 1 2 3 4 5 6 7 8 9 10 How much benefit do you think you had from using CPAP? O = no benefit at all, 10 = 0 1 2 3 4 5 6 7 8 9 10 How much discomfort do you have from using CPAP? O = I cannot use it at all, 10 = 0 1 2 3 4 5 6 7 8 9 10 Please describe what type of discomfort you experience: How long have you been using (or trying to use) CPAP? Have you had any changes in your weight or health, or have you had any corrective services.	CLE ONE ANSWER PER QUESTION. On an average, how many nights a week do you use CPAP? 0 1 2 3 4 5 6 7 How many hours each night, on an average, do you use CPAP? 0 1 2 3 4 5 6 7 8 9 10 How much benefit do you think you had from using CPAP? 0 = no benefit at all, 10 = I am comple 0 1 2 3 4 5 6 7 8 9 10 How much discomfort do you have from using CPAP? 0 = I cannot use it at all, 10 = I have no precise describe what type of discomfort you experience: How long have you been using (or trying to use) CPAP? Have you had any changes in your weight or health, or have you had any corrective surgery on your weight or health, or have you had any corrective surgery on your weight or health, or have you had any corrective surgery on your weight or health, or have you had any corrective surgery on your weight or health, or have you had any corrective surgery on your weight or health, or have you had any corrective surgery on your weight or health, or have you had any corrective surgery on your weight or health, or have you had any corrective surgery on your weight or health, or have you had any corrective surgery on your weight or health, or have you had any corrective surgery on your weight or health, or have you had any corrective surgery on your weight or health, or have you had any corrective surgery on your weight or health, or have you had any corrective surgery on your weight or health, or have you had any corrective surgery on your weight or health, or have you had any corrective surgery on your weight or health, or have you had any corrective surgery on your weight or health, or have you had any corrective surgery on your weight or health, or have you had any corrective surgery on your weight or health, or have you had any corrective surgery on your weight or health.	On an average, how many nights a week do you use CPAP? 0 1 2 3 4 5 6 7 How many hours each night, on an average, do you use CPAP? 0 1 2 3 4 5 6 7 8 9 10 How much benefit do you think you had from using CPAP? 0 = no benefit at all, 10 = I am completely complete

CPAP FOLLOW-UP

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