

1-2hours2-3hours3-4hours

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July 15, 2020

>4hours			
NA NA			
6. What is your usual wake time?			
7. How much sleep do you get on average? (Hours per night)			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
8. Have you noticed and improvement since using CPAP?			
No improvement			
Some improvement			
Significant improvement			
9. How would you rate your overall tolerance to CPAP therapy?			
Poor			
Fair			
Good			
9. Are you committed in continuing CPAP therapy as a long-term treatment for your sleep apnea?			
Yes No			
10. Do you give permission for the sleep center to conver your CPAP rental into a purchase? (co-payment may apply)			
Yes I would like to speak to a Sleep Specialist first			

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