Positive Airway Pressure Device Follow-Up Tool

PAP Questionnaire

Please fill out as completely as possible, and return at your earliest convenience. Your comments are welcome as we try to improve our program. For simplicity, "PAP" will be used to signify both "CPAP" and "B-PAP" for this questionnaire. When answering questions with a bar labelled at both extremes, make a hatch mark perpendicular to the bar, indicating your response. Please be as honest as possible.

A. Your Equipment Usage:

Are you currently using PAP? (Check only one) ☐ Yes ☐ No ☐ Returned machine
If you have returned your machine, please complete the rest of the questions, as they apply.

Reason for return:

What is the approximate length of time you have been on PAP? _____
months or years (circle one)

Your estimate of the average number of hours per night you wear PAP: _____

Your estimate of the average number of nights per week you wear PAP: _____

Your estimate of the average number of hours per night you sleep: _____

Overall, what percent of the time do you estimate you use your PAP machine? (Make a hatch mark to indicate your response on the scale below.)

0% (Never) 100% (Always)

B. What Equipment Do You Use?

Please check all appropriate boxes

Full-Face Mask ☐ Yes ☐ No

Nose Mask ☐ Yes ☐ No

Nasal Pillows ☐ Yes ☐ No

Chin Strap (to keep mouth closed) ☐ Yes ☐ No

Humidifier ☐ Yes ☐ No

Heated Humidifier ☐ Yes ☐ No

CPAP ☐ Yes ☐ No

Bi-level PAP® ☐ Yes ☐ No

AutoPAP® ☐ Yes ☐ No

If known, please write your pressure setting: _____

C. Do You Have Problems with the Equipment?

Please rate your satisfaction with the following pieces of equipment by making a hatch mark on the scales.

Full-face mask, nasal mask or nasal pillows:

Terrible Terrific

Describe any problems you are having and any solutions you have found:

Headgear (to secure mask):

Terrible Terrific

Describe any problems you are having and any solutions you have found:

Chin strap (if worn; to keep mouth from opening):

Terrible Terrific

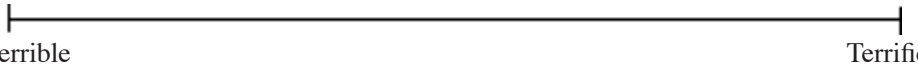
Describe any problems you are having and any solutions you have found:

Humidifier or heated humidifier (if used):

Terrible Terrific

Describe any problems you are having and any solutions you have found:

Tubing:



Terrible Terrific

Describe any problems you are having and any solutions you have found:

PAP machine:

Terrible Terrific

Is the pressure setting causing you difficulty?

Intolerable No problem

Describe any problems you are having and any solutions you have found:

Effects of the apparatus on a bed partner (if present): No bed partner

Intolerable No problem

Describe any problems you are having and any solutions you have found:

Any other problems? ☐ Yes ☐ No Describe:

D. Satisfaction:

Mark the scale with an appropriate hatch mark to indicate your response.

Overall, how would you rate your satisfaction with PAP treatment, if using:
☐ Not using

Terrible Terrific

25. How would you rate your satisfaction with the testing and PAP titration process?

Terrible Terrific

How would you rate your satisfaction with your physician's handling of your sleep disorder?

Terrible Terrific

Did you get a sleep consult? ☐ Yes ☐ No

Was this helpful to you?

Not at all Very Much

Were you adequately informed about the testing process by your physician?

Not at all Completely

Were you adequately informed about the testing process by the technician(s)?

Not at all Completely

How would you rate your satisfaction with your DME provider?

Terrible Terrific

How much did your sleep disorder interfere with your daily life before treatment?

Not at all Tremendously

How much has PAP treatment improved the way you feel?

Not at all Tremendously

Do you feel you need more information about your sleep disorder or its treatment?

Yes, a lot I'm informed enough

Did you have difficulty with insurance coverage for your sleep disorder?

Yes, a lot None at all

Please write any specific suggestions for how we might improve our program:

Are you interested in being part of a patient support or advocacy group?
☐ Yes ☐ No

Thank you very much for your help with this survey!