



# CONTINUING CARE OF PAP THERAPY

DATE: \_\_\_\_\_

*Our office strives to understand your sleep symptoms, which may be complex in nature.*

*Thank you for taking the time to complete this questionnaire.*

PERSONAL INFORMATION	
Name (Last, First, M.I.):	DOB:
Primary Insurance:	Secondary Insurance:

QUESTIONNAIRE
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How long have you been using PAP machine? \_\_\_\_\_

What type of mask do you use?     Nasal     Nasal Pillows     Full Face     Chin Strap

How does the mask fit?     Optimal     Leaks     Uncomfortable

How is the pressure?     Optimal     Tolerable     Too High     Too Low     Other \_\_\_\_\_

Any nasal symptoms?     None     Congestion     Dryness     Runny nose     Other \_\_\_\_\_

Any mouth/throat symptoms?     None     Dryness     Sore throat     Other \_\_\_\_\_

Are you using heated humidity?     Yes     No

Are you using PAP therapy?     Nightly     Most nights     Inconsistently     Not using     Removing mask

Any benefits at night?     No snoring     Sleeping better     Less awakenings     Less bathroom trips     None

Any daytime Benefits?     Alertness     Energy/Mood     Cognition     None

Any drowsiness while driving?     None     Improved     Not improved

EPWORTH				
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**How likely are you to doze off or fall asleep in the following situations, in contrast to feeling just tired?**  
*This refers to your usual way of life in recent times. Even if you have not done some of these things recently, try to work out how they would have affected you. Use the following scale to choose the most appropriate number for each situation. M.W. Johns, Sleep 1991*

SITUATION	NEVER - 0	SLIGHT - 1	MODERATE - 2	HIGH - 3
Sitting and reading				
Watching television				
Sitting, inactive, in a public place (e.g. theater, meeting, bus)				
As a passenger in a car for an hour without a break				
Lying down to rest in the afternoon when circumstances permit				
Sitting and talking to someone				
Sitting quietly after lunch without alcohol				
In a car, while stopped for a few minutes in traffic				

**TOTAL:**                      / 24

