



SLEEP STUDY QUESTIONNAIRE
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APAP / BiPAP / CPAP Questionnaire

Please fill this out only if you currently or previously use(d) any of the above treatments.

How are you doing with your CPAP device?

I hate this thing! | I have some problems, but I am doing alright. | I love this thing!

Do you share your bed with anyone? Yes | No

If yes to above, do they like you using it?

They do not like it! | They have trouble with the noise. | They tolerate it. | They love it!

How many hours a night are you using it? _____ hours on average.

What type of mask do you use with your machine?

Covers mouth and nose | Covers mouth and nostrils | Covers nose | Covers nostrils | Goes a little into nostrils

Do you use a humidifier with the machine? Yes | No

If yes to above, is it with or without a heater? With Heater | Without Heater

Do you use a strap to keep your mouth closed or mouth tape? Yes | No | Mouth Tape

Please circle **any** of the below problems that you are having with the machine.

Mouth popping open during sleep.

Sill feeling sleepy during the day.

Snoring with the machine on.

People see me stop breathing with the machine on.

Taking the mask off inadvertently in my sleep.

Trouble with the straps or mask.

Lines on your face in the morning.

Skin breakdown at the bridge of your nose.

Nasal or mouth dryness.

Nasal congestion or runny nose.

Claustrophobia.

Skin rash or acne under where the mask sits.

Ear pain.

Dry or red eyes.

Machine is too noisy.

For Myself | For my bed partner

Hard to breath against the pressure.

Breathing In | Breathing Out | Both