



PAP Follow-up QUESTIONNAIRE

This questionnaire is for patients 13 years of age or older that are using Positive Airway Pressure (PAP) treatment and have a **scheduled appointment** at the Sleep Center. It will take approximately 5 to 10 minutes to complete. The information you provide is **very** important and will assist the sleep specialist during the review of your treatment. The information will be treated with the utmost discretion and will not be used by any party other than Palo Alto Medical Foundation (PAMF). Please respond to all questions by checking the appropriate box or completing the free text sections. At the end of the questionnaire you will have the option to submit via e-mail or print and submit manually.

Name: _____ DOB: _____ Today's Date: _____

Scheduled Appointment Date: _____ Sleep Specialist: _____

Specific issues you would like to discuss at my appointment (please, list in order of concern):

- 1. _____
2. _____
3. _____

Are you having problems using CPAP? [] Yes [] No

How many hours are you using CPAP per night? _____

How many nights per week are you using CPAP? _____

Are you having problems with mask fit? [] Yes [] No

What type of mask you are using?: [] Nasal [] Full Face [] Nasal Pillows [] Other

- Are you having problems with air leaks? Yes No
- Have you experienced pressure sores from the mask? Yes No
- Would you like to try a different mask? Yes No
- Is your nose stuffy or congested at night? Yes No

If Yes, what do you use for this?

- Steroid nasal spray (Flonase, Nasonex, etc.)
- Astelin or Patanase nasal spray
- Atrovent nasal spray
- OTC nasal spray (Afrin, etc.)

If Yes, how often per week?

- OTC "Allergy pills" (please name) _____
- Sinus rinses or Neti Pot _____

- Do you frequently have a dry mouth? Yes No
- Do you use humidifier? Yes No
- Do you use a chin strap? Yes No
- Do you have condensation or water dripping in your mask or tubing? Yes No
- If Yes, Do you insulate your tubing? Yes No
- Have you lowered the humidifier setting? Yes No
- Do you have problems with machine noise? Yes No
- Do you have any problems with bloating or cramping? Yes No
- Do you snore while using CPAP? Yes No
- Do you think your CPAP pressure is:
- OK Too High Too Low

How old is your current CPAP? _____

When was the last time you obtained replacement:

Mask _____ Headgear _____ Tubing _____ Filters _____

If you're not happy with CPAP treatment, would you like to be referred to:

- ENT Department to discuss surgical options?
- A dentist to discuss oral appliances?
- A weight management program
- Weight loss surgery

THE EPWORTH SLEEPINESS SCALE

How likely are 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:

- 0 = would never doze
- 1 = slight chance of dozing
- 2 = moderate chance of dozing
- 3 = high chance of dozing

Sitting and reading

Watching TV

Sitting, inactive in a public place (e.g. a theatre or meeting)

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 a lunch without alcohol

In a car, while stopped for a few minutes in the traffic

Total score out of 24:

Driving While Drowsy

Excessive Daytime Sleepiness (EDS) can be caused by many different sleep problems and can result in seriously impaired performance and quality of life. We feel obligated to inform you about EDS because of its potential for increased risk of motor vehicle accidents and injuries due to driving while drowsy.

People with EDS often drive drowsy and are twice as likely to be in a car accident when compared with the general population. The car crash is also likely to be more serious, and the rate of personal injury and death due to car crashes amongst people with EDS is three to five times greater than that of the general population. Drowsiness and driving is a dangerous combination. It can be as dangerous as driving drunk. Like alcohol, drowsiness slows reaction time, decreases awareness, and impairs judgement

Only sleep can truly overcome drowsiness. Caffeine may make you feel more alert, but the results are temporary. Turning up the radio, rolling down the windows, getting out of the car and walking, or slapping yourself are not effective means of waking up. The only true remedy for drowsiness is sleep.

If you find yourself becoming drowsy while driving then you should pull over immediately. Options for getting home safely include taking a nap on the side of the road until you are rested enough to drive, calling a friend or family member to come pick you up, or taking a cab or public transportation home. Drowsy driving accidents most often occur when a driver is alone in the vehicle, so carpooling provides someone who can alert the driver of danger and take over behind the wheel if necessary.

The only safe driver is an alert one. Under no circumstances should you drive while drowsy. By using the **Acknowledge - Submit** button below, you acknowledge that you have been informed of the consequences of driving a motor vehicle while drowsy.

Please use the Acknowledge - Submit button to send your responses via e-mail or use the Print Form button to print and return the questionnaire in person. E-mailed responses will be sent directly to the Sleep Center and then forwarded to your sleep specialist. The e-mail account used to submit the completed questionnaire will not be used for any return correspondence. Thank you for taking the time to complete the questionnaire .

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