SLEEP ADDENDUM

Positive airway pressure devices:

What kind of PAP device do you use?: □ CPAP □ BiPAP □ ASV  Current Settings: _________________________________

Do you use your CPAP faithfully?: □ Yes □ No
How many hours do you think you are using it?: _________________  How many nights per week?: _________________

What is the reason of noncompliance?: □ mask discomfort □ mask leaks □ claustrophobia □ sinus congestion □ dryness □ excessive gas/belching □ allergy to mask □ other reason _________________________________

Current DME vendor: □ Sheepless Nights □ Lincare □ SleepWorks □ Apria □ Family Medical □ PSA □ Active □ Advanced □ Other: _________________________________

Sleep Review of Symptoms

□ fatigue  □ problems falling asleep  □ problems staying asleep
□ frequent urination at night  □ night sweats  □ anxiety
□ restless legs  □ leg jerks  □ caffeine intake
□ sleep walking  □ acting out dreams  □ nightmares
□ weakness while laughing  □ shift work  □ pain in sleep