

Duke Medicine
Division of Pulmonary, Allergy & Critical Care Medicine
New Patient Evaluation History

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

- | | | |
|--|--|--|
| <input type="checkbox"/> fatigue | <input type="checkbox"/> problems falling asleep | <input type="checkbox"/> problems staying asleep |
| <input type="checkbox"/> frequent urination at night | <input type="checkbox"/> night sweats | <input type="checkbox"/> anxiety |
| <input type="checkbox"/> restless legs | <input type="checkbox"/> leg jerks | <input type="checkbox"/> caffeine intake |
| <input type="checkbox"/> sleep walking | <input type="checkbox"/> acting out dreams | <input type="checkbox"/> nightmares |
| <input type="checkbox"/> weakness while laughing | <input type="checkbox"/> shift work | <input type="checkbox"/> pain in sleep |