



# THE SLEEP CLINIC

at Beaver Creek Commons Family Practice

Today's Date: \_\_\_ / \_\_\_ / \_\_\_

**\*\*Please fill out this form in full, to the best of your knowledge**

<b>Name</b> (Last, First, M.I.): <input type="checkbox"/> F <span style="margin-left: 150px;"><input type="checkbox"/> M</span>	<b>DOB:</b>
<b>OBSTRUCTIVE SLEEP APNEA/CPAP FOLLOW-UP</b>	
<ul style="list-style-type: none"> <li>• <b>HOW YOUR CPAP HAS EFFECTED YOUR SLEEP</b> Check one</li> </ul>	
<input type="checkbox"/> Worse <input type="checkbox"/> /Unsure <input type="checkbox"/> Mild Improvement <input type="checkbox"/> Moderate Improvement <input type="checkbox"/> Significant Improvement	

CPAP QUESTIONS	
What type of mask do you wear?	<input type="checkbox"/> Nasal Mask <input type="checkbox"/> Nasal and Mouth Mask
Do you use your CPAP every night?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How many hours (on average) do you use your CPAP each night?	_____ hours
Do you use your CPAP during ALL naps?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does anyone report that you snore while wearing CPAP?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you ever wake-up with your CPAP mask off and/or unsure how it came off?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, how often does this occur?	_____ /Week
While using CPAP, do wake up with a dry mouth?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, how often does this occur?	_____ /Week
Do you suffer from nighttime nasal congestion	<input type="checkbox"/> Yes <input type="checkbox"/> No

EPWORTH SLEEPINESS SCALE				
How likely are you to fall asleep in the following situations?				
0 = never	1 = slight chance	2 = moderate chance	3 = high chance	
Situation	Chance of Dozing (Circle One)			
Sitting and reading	0	1	2	3
Watching TV	0	1	2	3
Sitting, inactive in a public place (e.g. theater or a meeting)	0	1	2	3
As a passenger in a car for an hour without a break	0	1	2	3
Lying down to rest in the afternoon when circumstances permit	0	1	2	3
Sitting and talking to someone	0	1	2	3
Sitting quietly after a lunch without alcohol	0	1	2	3
In a car, while stopped for a few minutes in the traffic	0	1	2	3
<b>TOTAL SCORE =</b> _____				