

CONTINUOUS POSITIVE AIRWAY PRESSURE (CPAP) QUESTIONNAIRE

The Martinez Respiratory Care team hopes that your sleep will improve with CPAP therapy. Please use this questionnaire to note how you feel during your initial 7 day CPAP trial.

This important document will be used to recommend a mask that is both comfortable and effective in improving your sleep. Please return this document with the CPAP device at the conclusion of your 7 day trial.

Daily Mask Log:

Use the following section to briefly comment on how you felt each day of your mask trial or if you experienced any problems/issues with the CPAP equipment or mask.

Mask Trial	Comments
Day 1	
Day 2	
Day 3	
Day 4	
Day 5	
Day 6	
Day 7	

CPAP Trial Review

1) How was your sleep quality on CPAP compared to normal?

Better Same Worse

2) Did your daytime sleepiness improve after using the CPAP device?

Yes No I Don't Know

3) Did you experience excessive air leak from the face mask?

Yes No I Don't Know

4) Do you think you may need a heated humidifier with your CPAP device?

Yes No I Don't Know

5) Additional Comments:

We believe that as a Kaiser Permanente member, you deserve the very best quality healthcare that science can provide and a commitment from the professionals who deliver that care to do so with passion, skill, empathy and service second to none.