



Mid-Michigan Sleep Center

CPAP FOLLOW-UP QUESTIONS

Mid-Michigan Sleep Center

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MEMBER CENTER

NAME: _____ DATE: _____

1. HOW LONG HAVE YOU BEEN ON CPAP THERAPY?

- < 3 MONTHS
- 3 - 6 MONTHS
- 6 - 12 MONTHS
- > 1 YEAR

2. HOW SLEEPY DO YOU FEEL ON A REGULAR BASIS?

- active and vital; alert; wide awake
- functioning at a high level, but not at peak; able to concentrate
- relaxed; awake; not at full alertness; unresponsive
- a little foggy; not at peak; let down
- foggy; beginning to lose interest in remaining awake
- sleepy; prefer to be lying down; fighting sleep; woozy
- almost in a trance; sleep onset soon; losing struggle to remain awake

3. PLEASE RATE THE OVERALL TREATMENT SUCCESS ON THE FOLLOWING SCALE (CIRCLE ONE)

1	2	3	4	5	6	7	8	9	10
NOT SUCCESSFUL AT ALL					EXTREMELY SUCCESSFUL				

4. HOW MANY NIGHTS PER WEEK DO YOU WEAR CPAP?

- LESS THAN 3 NIGHTS
- 4 to 5 NIGHTS
- 6 NIGHTS
- 7 NIGHTS

5. HOW MANY HOURS ON AVERAGE DO YOU WEAR CPAP?

- LESS THAN 4 HOURS
- 4 to 5 HOURS
- 6 to 7 HOURS
- OVER 7 HOURS

6. HAVE YOU HAD DIFFICULTY USING CPAP?

- YES
- NO

7. DO YOU STILL SNORE WHEN YOU ARE WEARING YOUR CPAP?

- YES
- NO

8. WHAT IS THE MAIN PROBLEM YOU FIND IN USING CPAP?

9. WHO DO YOU CONTACT WHEN YOU HAVE PROBLEMS WITH CPAP?

- SLEEP LAB
- HOME HEALTHCARE COMPANY
- PHYSICIAN

10. WHO IS YOUR HOME HEALTHCARE COMPANY?

- SLEEP SOLUTIONS
- VISITING NURSES
- SENIOR
- H-CARE
- WRIGHT & FILIPPIS
- MITCHELL
- SHELDON
- OTHER _____

11. WHEN WAS THE LAST TIME YOU RECEIVED NEW CPAP SUPPLIES? _____

12. ARE YOU SATISFIED WITH THE SERVICE FROM YOUR HEALTHCARE COMPANY?

- YES
- NO

13. DO YOU HAVE ANY SUGGESTIONS OR IDEAS TO IMPROVE OUR SERVICES?
