Patient label

Patient:

Date:

Patient questionnaire

Questionnaire on the course of treatment for obstructive sleep apnea: patient satisfaction (S), outcome (O), symptoms (S)

Which sleep apnea therapy do you use?

☐ PAP therapy (mask therapy)

☐ Other therapy: _____

How long have you been using the current therapy? _____

How satisfied are you with the therapy?

Not satisfied ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 extremely satisfied

Sleep duration

How long do you sleep on average each night?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ ≥ 10 hours

How many days a week do you use your therapy _____ days per week

Duration of therapy

How long do you use your therapy on average per night?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ ≥ 10 hours

Symptoms

Sleep - Has your sleep quality changed as a result of the therapy?

☐ improved ☐ unchanged ☐ deteriorated

Well-being - Has your subjective well-being changed as a result of the therapy?

☐ improved ☐ unchanged ☐ deteriorated

Medical assessment

Satisfaction - Assessment of satisfaction

☐ ☐ ☐

Outcome - reduction in apnea / hypopnea burden

AHI (diagnosis): _____ /hour AHI (therapy): _____ /hour

Average duration of use per night (all nights) _____ hours

(Calculation: Duration of use at night × Number of days used ÷ 7)

Average sleep duration per night (all nights) _____ hours

Result: _____ AHI reduction per hour (absolute)

Formula: (AHI diagnosis - AHI therapy) × (duration of use/sleep duration)

Assessment:

☐ ☐ ☐

Symptoms - change in symptoms

☐ ☐ ☐

Overall assessment and recommendation for further action

☐ Effective therapy - Adaptive aftercare regimen

☐ Optimization of therapy - 3-month check-up

Type of optimization _____

☐ Change of therapy

Type of therapy change _____