

PATIENT QUESTIONNAIRE

FIRST NAME, LAST INITIAL: _____

DOCTOR NAME: _____ DATE: _____

Thank you for taking the time to participate in this research. Please answer the following questions with a ☒ in the appropriate box and/or a written answer where indicated. Information provided is confidential and will not be shared with your doctor.

1. What is your age? _____
2. What is your gender?
 - ☐ Female
 - ☐ Male
3. How long have you been a patient of this doctor?
 - ☐ This is my first visit
 - ☐ Less than 1 year (specify # of months): _____
 - ☐ Between 1 and 3 years
 - ☐ Between 3 and 5 years
 - ☐ More than 5 years
4. In the past 12 months, how often have you seen this doctor?
 - ☐ This is my first visit
 - ☐ More than once per month
 - ☐ Once per month
 - ☐ Every 2-3 months
 - ☐ Every 4-6 months
 - ☐ Other (specify) _____
5. Do you ever communicate with your doctor's office electronically?
 - ☐ Yes, through an App or portal where I share CPAP data
 - ☐ Yes, through an App or portal where I generally communicate with them between visits
 - ☐ Yes, through email
 - ☐ Yes, through their website
 - ☐ No
6. What was the purpose of your visit **today**?
 - ☐ Routine Visit/Follow-up visit for your condition(s)
 - ☐ Other: _____
7. How many times per week do you wake up in the middle of the night or too early in the morning?

Please specify #: _____
(Number should be listed, even if it is 0.)
8. On average, how many naps do you take per day?

Please specify #: _____
(Number should be listed, even if it is 0.)

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|--|---|
| 9. Which best describes your level of concern regarding excessive sleepiness | ☐ I am extremely concerned
☐ I am very concerned
☐ I am somewhat concerned
☐ I am slightly concerned
☐ I am not at all concerned |
| 10. Prior to this visit, were you prescribed medication for excessive sleepiness besides use of your CPAP machine? | ☐ Yes
☐ No |
| 11. Prior to this visit, were you prescribed device therapy (e.g. oral appliance) for excessive sleepiness besides use of your CPAP machine? | ☐ Yes
☐ No |
| 12. What, if any, resources have you used to educate yourself on your condition?
(Check all that apply) | ☐ Educational websites (WebMD)
☐ Online health forums/blogs
☐ Other physicians/specialists
☐ Other office staff (e.g. nurses, medical assistants)
☐ My current physician provides the information I need
☐ I have not been educated on my condition
☐ Other (please specify)
<hr style="width: 100%;"/> |
| 13. How satisfied are you with the way your doctor communicated with you today ? | ☐ Extremely satisfied
☐ Very satisfied
☐ Somewhat satisfied
☐ Slightly satisfied
☐ Not at all satisfied |
| 14. How satisfied are you with this doctor overall ? | ☐ Extremely satisfied
☐ Very satisfied
☐ Somewhat satisfied
☐ Slightly satisfied
☐ Not at all satisfied |
| 15. Which of these best describes the role you play vs. the doctor's role in making decisions about your health? | ☐ I am actively involved; while I listen to what my doctor says, I make the final decisions
☐ My doctor and I participate equally in making decisions
☐ Although I am involved, my doctor is more responsible for making decisions
☐ I am not involved; I have complete faith and follow my doctor's decisions |

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16. When your doctor recommends a treatment plan to you, what do you typically do?

☐ I always follow my doctor's recommendations

☐ I sometimes follow my doctor's recommendations

☐ I sometimes follow my doctor's recommendations **but only after** I do my own research

☐ I hardly ever follow my doctor's recommendations

☐ I bring treatment recommendations to my doctor for us to discuss together

17. Did someone come with you to your visit today?

☐ Yes; please specify his/her relationship to you:

☐ No

18. If yes, does this person discuss treatment with you and/or assist you in making treatment decisions?

☐ Yes

☐ No

19. What kind of health insurance do you have?
(Check all that apply)

☐ Private insurance (e.g., Aetna, Cigna)

☐ Medicare

☐ Medicaid

☐ Veterans' Administration/other military

☐ Worker's Comp

☐ COBRA

☐ Other form of health insurance

☐ None – do not have health insurance

20. What kind of prescription drug coverage do you have?
(Check all that apply)

☐ Employer sponsored prescription plan

☐ Individual/family policy directly from an insurance company

☐ Medicare

☐ Medicaid

☐ VA/CHAMPUS

☐ Other form of prescription drug coverage

☐ None – do not have prescription coverage

21. Which best describes your relationship status at this time?

☐ Married or partnered

☐ Single

☐ Divorced

☐ Widowed

22. Which best describes the highest level of education you have completed?

☐ High School or less

☐ Some College, vocational or technical school

☐ College Graduate

☐ Graduate or Post-graduate work

☐ I do not wish to provide this information

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23. Which of the following best describes your employment status?
- ☐ Employed full-time
 - ☐ Employed part-time
 - ☐ Temporarily unemployed/not working
 - ☐ Retired
 - ☐ I do not wish to provide this information
 - ☐ Other, please specify: _____
24. For recording purposes, which best describes your ethnicity?
- ☐ White/Caucasian
 - ☐ Asian (including Indian subcontinent)
 - ☐ African-American
 - ☐ Hispanic/Latino
 - ☐ American Indian
 - ☐ Other, please specify: _____
 - ☐ I do not wish to provide this information

THANK YOU FOR YOUR PARTICIPATION