

PHYSICIAN QUESTIONNAIRE

PATIENT'S 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 patient.

1. How long has this individual been a patient of yours?
 - ☐ This is his/her first visit
 - ☐ Less than 1 year (specify # of months): _____
 - ☐ Between 1 and 3 years
 - ☐ Between 3 and 5 years
 - ☐ More than 5 years
2. In the past 12 months, how often has this patient come in for regularly scheduled visits?
 - ☐ This is his/her first visit
 - ☐ More than once per month
 - ☐ Once per month
 - ☐ Every 3-4 months
 - ☐ Every 6 months
 - ☐ Other (specify) _____
3. What was the purpose of this patient's visit **today**?
 - ☐ Routine Visit/Follow-up visit for your condition(s)
 - ☐ Other: _____
4. Has this patient been diagnosed with Obstructive Sleep Apnea (OSA)?
 - ☐ Yes
 - ☐ No
5. **If yes to Question 4**, has this patient been prescribed CPAP treatment?
 - ☐ No
 - ☐ Yes, less than 6 months (specify # of months): _____
 - ☐ Yes, 6-12 months (specify # of months): _____
 - ☐ Yes, 1-2 years
 - ☐ Yes, 3-4 years
 - ☐ Yes, 5 or more years
6. Has this patient been diagnosed with excessive sleepiness/excessive daytime sleepiness?
 - ☐ Yes
 - ☐ No
7. **If yes to the previous question**, when was this patient diagnosed with this condition? Please specify diagnosis date if you know it.
 - ☐ Less than 1 year ago; specify diagnosis date: _____
 - ☐ 1-2 years ago; specify diagnosis date: _____
 - ☐ 3-4 years ago; specify diagnosis date: _____
 - ☐ 5-6 years ago; specify diagnosis date: _____
 - ☐ 7-8 years ago; specify diagnosis date: _____
 - ☐ 9-10 years ago; specify diagnosis date: _____
 - ☐ 11+ years ago; specify diagnosis date: _____
8. Which best describes the level of concern
 - ☐ S/he is extremely concerned

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this patient has regarding his/her excessive sleepiness?

- ☐ S/he is very concerned
- ☐ S/he is somewhat concerned
- ☐ S/he is slightly concerned
- ☐ S/he is not at all concerned

9. Coming into this visit, was the patient prescribed medication for excessive sleepiness beyond CPAP?

- ☐ Yes; please specify medication: _____
- ☐ No

10. ***If yes to question 9***, How long had the patient been taking medication for excessive sleepiness?

- ☐ Less than 1 year (specify # of months): _____
- ☐ 1-2 years
- ☐ 3-4 years
- ☐ 5-6 years
- ☐ 7-8 years
- ☐ 9-10 years
- ☐ More than 10 years

11. Was the patient on medication to treat excessive sleepiness in the past, but is no longer taking medication?

- ☐ Yes; please specify medication: _____
- ☐ No

12. ***If yes to question 11***, How long ago did the patient stop taking medication for excessive sleepiness (***before any current treatment***)?

- ☐ Less than 1 year (specify # of months): _____
- ☐ 1-2 years
- ☐ 3-4 years
- ☐ 5-6 years
- ☐ 7-8 years
- ☐ 9-10 years
- ☐ More than 10 years

13. After today's visit, which excessive sleepiness treatment is the patient prescribed?

- ☐ Medications: _____

- ☐ Device therapies: _____

- ☐ The patient has not been prescribed treatment for excessive sleepiness

14. Do you think the patient will follow the recommendations you made today in regards to their excessive sleepiness treatment?

- ☐ Yes; why _____

- ☐ No; why _____

- ☐ I did not make a recommendation about excessive sleepiness treatment today

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15. How satisfied do you think the patient is with the way you communicated with him/her **today**?
 - ☐ Extremely satisfied
 - ☐ Very satisfied
 - ☐ Somewhat satisfied
 - ☐ Slightly satisfied
 - ☐ Not at all satisfied

16. Which of these best describes **your** role vs. the patient's role in making decisions about his/her health?
 - ☐ The patient is the person most actively involved; while s/he listens to what I say, s/he makes the final decisions
 - ☐ The patient and I participate equally in making decisions
 - ☐ Although s/he is involved, I am more responsible for making decisions
 - ☐ The patient is not involved in these decisions; s/he completely relies on me to make the best decisions

17. Which of these best describes this patient's habits with regard to following treatment recommendations?
 - ☐ S/he always follows my recommendations
 - ☐ S/he sometimes follows my recommendations
 - ☐ S/he sometimes follows my recommendations **but only after** s/he does her/his own research
 - ☐ S/he hardly ever follows my recommendations
 - ☐ S/he brings treatment recommendations to me for us to discuss together

18. Please check all of the conditions this patient has been diagnosed with or experienced in the past:
 - ☐ ADHD
 - ☐ Anxiety
 - ☐ Arrhythmia
 - ☐ Arthritis
 - ☐ BPH
 - ☐ Coronary artery disease
 - ☐ Diabetes; specify: Type I or Type II: _____
 - ☐ Depression
 - ☐ Heart attack
 - ☐ High cholesterol
 - ☐ Hypertension
 - ☐ Overactive Bladder
 - ☐ Stroke
 - ☐ Other; specify: _____
 - ☐ Other; specify: _____
 - ☐ Other; specify: _____

19. Which of these best describes the patients weight category?
 - ☐ Underweight
 - ☐ Normal weight
 - ☐ Overweight
 - ☐ Obese

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20. For reporting purposes, please tell me 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