



## POST-SLEEP QUESTIONNAIRE

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1. Was your sleep usual? Was it a typical night's rest?

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2. Was there anything that distracted you during your sleep?

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3. Did you take a sleep aid before you slept last night?

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4. How long do you think it took you to fall asleep?

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5. Do you feel like you slept better with your CPAP? (current PAP users)

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6. What is your pressure at home? (current pap users) (note in tech notes)

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Signature

Date