

POST STUDY QUESTIONNAIRE
HOME SLEEP APNEA TEST

Name: _____

Today's Date: _____

Answer the following questions regarding your home sleep apnea test.

1. What time did you go to sleep? _____

2. What time did you wake up? _____

3. How many hours of sleep did you get? _____

4. How many times did you wake up? _____

5. How many times did you get out of bed? _____

6. How was your sleep?

- Very Restless Restless Sound Very Sound

7. How was your sleep compared to normal?

- Better Same Worse

8. How do you feel this morning?

- Sleepy Drowsy Awake Wide Awake

9. Did you sleep in a recliner or at an incline? Please explain.

10. Were there any other problems during the study?

