

SLEEP-PET RECRUITMENT AND ELIGIBILITY FORM

ID NUMBER: FORM CODE: S R E DATE: 12/01/2016 Version 1.0
ADMINISTRATIVE INFORMATION
0a. Completion Date: Day Year Ob. Staff ID:
0c. Would you be interested in participating in this part of this study, as I've described? $_{Y} \ \square \ \text{Yes} \ \boxed{\textbf{GO TO ITEM 1}}$ $_{N} \ \square \ \text{No}$
Od.If no, why not?
[For Staff:] Did participant agree to the study?
Yes GO TO ITEM 2
NO COMPLETE 1a, THEN GO TO CLOSING SCRIPT
1a. If no, why not?
Thank you, now I'd like to set up a good date and time for the sleep study. To help us schedule this, I need to ask a few additional questions.
2. Do you normally wear oxygen at night?
y ☐ Yes
N No GO TO ITEM 3
2a. How many liters of oxygen do you normally wear at night?
3. Do you normally use CPAP at night?
y ☐ Yes
N No GO TO ITEM 4
3a. How many nights a week do you use CPAP, on average?
3b. What is the usual number of hours a night during which you use CPAP? (round to closest # of hours
4. Do you wear any other devices to help with your sleep?
y ☐ Yes
NO GO TO ITEM 5
4a. If yes, specify:

5. What is your usual bedtime on a regular weekday evening?	
	Hour Min
6a. Sleep study Appointment date:	Month Day Year
6b. Sleep study Appointment time:	Hour Min

CLOSING SCRIPT (for participants who decide NOT to participate): Thank you for your time.