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:
0c. Would you be interested in participating in this part of this study, as I've described? _Y □ Yes GO TO ITEM 1 _N □ No
0d.lf no, why not?GO TO CLOSING SCRIPT
 1. [For Staff:] Did participant agree to the study? Y and Yes GO TO ITEM 2 N and No COMPLETE 1a, THEN GO TO CLOSING SCRIPT 1a. If no, why not?
N 🗌 No GO TO ITEM 3
 2a. How many liters of oxygen do you normally wear at night?
4a. If yes, specify:

5. What is your usual bedtime on a	regular weekday evening?
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.