SLEEP EQUIPMENT FORM

ARIC

ID NUMBER: ☐☐☐☐☐☐☐   FORM CODE: ☐S ☐E ☐F   DATE: 12/22/2023
Version 1.0

ADMINISTRATIVE INFORMATION

0a. Completion Date: ☐☐/☐☐/☐☐☐☐
   Month   Day   Year

0b. Staff ID: ☐☐☐

0c. Would you be interested in participating in this part of the study, as I've described?

Y ☐ Yes → **Go to item 1**

N ☐ No

0c1. If no, why not?_____ **Save and close form**

Instructions: *This questionnaire is started when the sleep equipment is given to the participant and completed when the sleep equipment is returned to the clinic.*

A. SLEEP DEVICE EXCLUSION INFORMATION

1. Does the participant have a sleep apnea device?

No sleep apnea device.. ☐N → **Go to item 2**
CPAP without a mask that covers the forehead ☐C → **Go to item 2**
CPAP with a mask that covers the forehead............ ☐M → **Go to item 3**
Inspire implanted device.. ☐I → **Go to item 2**
Oral appliance or mandibular advancement device . ☐A → **Go to item 2**
Other sleep apnea device .... ☐O

   1a. Other sleep apnea device: _____

2. Does the participant have a facial irritation or head injury that would prevent them from wearing the Sleep Profiler device?

Yes .....☐Y
No.......☐N

3. Does that participant have an injury on their hands or wrists, or other reason they would be unable to wear the WatchPAT device? **[disabled if 1=I]**

Yes .....☐Y
No.......☐N

B. SLEEP PROFILER INITIATION [disabled if 1=M or 2=Y]

4. Did the participant receive the Sleep Profiler?

　　　Yes ..... ☐ Y
　　　No .... ☐ N → **Go to item 8**

5. Sleep Profiler serial number: .... ☐☐☐☐☐☐☐☐

6. Date of Sleep Profiler visit: .... ☐☐/☐☐/☐☐☐☐
　　　　　　　　　　　　　　　　　　　　　　　　　　　M　M　D　D　Y　Y　Y　Y

7. Sleep Profiler technician ID: .... ☐☐☐

C. WATCHPAT INITIATION [disabled if 1=I or 3=Y]

8. Did the participant receive the WatchPAT?

　　　Yes ..... ☐ Y
　　　No .... ☐ N → **Go to item 12**

9. WatchPAT serial number: .... ☐☐☐☐☐☐

10. Date of WatchPAT visit: .... ☐☐/☐☐/☐☐☐☐
　　　　　　　　　　　　　　　　　　　　　　　　　　　M　M　D　D　Y　Y　Y　Y

11. WatchPAT technician ID: .... ☐☐☐

D. SLEEP PROFILER COMPLETION

12. Was the Sleep Profiler returned to the clinic?

　　　Yes ..... ☐ Y
　　　No .... ☐ N → **Go to item 16**

13. Sleep Profiler download technician ID: .... ☐☐☐

14. Date Sleep Profiler returned to clinic: .... ☐☐/☐☐/☐☐☐☐
　　　　　　　　　　　　　　　　　　　　　　　　　　　M　M　D　D　Y　Y　Y　Y

15. Date Sleep Profiler downloaded: .... ☐☐/☐☐/☐☐☐☐
　　　　　　　　　　　　　　　　　　　　　　　　　　　M　M　D　D　Y　Y　Y　Y

　　　15a. Data successfully downloaded?

　　　Yes ..... ☐ Y
　　　No .... ☐ N

E. WATCHPAT COMPLETION

16. Was the WatchPAT returned to the clinic?

Yes ..... ☐ Y
No .... ☐ N → **Go to item 20**

17. WatchPAT download technician ID: .... ☐☐☐

18. Date WatchPAT returned to clinic: .... ☐☐ / ☐☐ / ☐☐☐☐
    M M   D D   Y Y Y Y

19. Date WatchPAT downloaded: .... ☐☐ / ☐☐ / ☐☐☐☐
    M M   D D   Y Y Y Y

   19a. Data successfully downloaded?

   Yes ..... ☐ Y
   No .... ☐ N

F. OTHER RETURN INFORMATION

20. Was the Sleep Diary returned to the clinic?

Yes ..... ☐ Y
No .... ☐ N → **Go to item 22**

21. Did the participant wear the WatchPAT on the non-dominant wrist? **[disabled if 8=N]**

Yes ..... ☐ Y
No .... ☐ N

22. Additional comments for Sleep Processing Center (e.g., troubleshooting issues, time change occured during study):