



MAGNAP SLEEP APNEA CLINICAL TRIAL PROSPECTIVE PATIENT QUESTIONNAIRE

Thank you for your interest in the MagNap Sleep Apnea Clinical Trial. By answering these questions you will help the trial team better determine your eligibility and interest in the study. The questions can be answered electronically directly on this form.

Please return the completed form to: **Jill.Imamura-Ching@ucsf.edu**

Name _____ Phone # _____ Email address _____

How long have you been diagnosed with OSA? _____

Did you have a Sleep Study to determine your OSA? No Yes

When was the approximate date of the study? _____

Was the sleep study done at home or in a sleep center? Home Sleep Center

How many events did you have in an hour during your sleep study?

What is your sleep apnea index? (Apnea Hypopnea index)

Are you using a CPAP device at night? No Yes

How long have you been using your CPAP?

Do you wear it every night? And if yes, how many hours? No Yes _____ hours

If you don't wear CPAP at night, why not?

Have you considered surgical options? No Yes

What procedures have you considered?

Have you tried other non-invasive therapies? No Yes

What kind (Weight loss, Positional therapy etc.)?

Are you willing to commit to actively participate in a 13 month trial which requires frequent visits, keeping a sleep journal and communication? No Yes

Are you willing and able to provide feedback to the investigators on improving the design and function of the external magnet brace? No Yes