

We are conducting a survey about how you feel while using the BIPAP - a pressurized oxygen mask. Is it all right for us to ask you a few questions? You are free to stop at any time, if you feel uncomfortable.

1. When do you use BIPAP?
 - a. Night time only
 - b. Day time only
 - c. Both Day and Night time
2. What type of mask are you using? Nasal Nasal Pillow Full Face N/A
3. On a scale of 1 to 5, how much does BIPAP improve your breathing? (Circle one)

1	2	3	4	5	
Not improve at all				Greatly improve	
4. How comfortable are you using the mask?

1	2	3	4	5
Very Uncomfortable	Uncomfortable	Neutral	Comfortable	Very Comfortable

i) If uncomfortable, how is it bothering you? _____
5. On a scale of 1 to 5, how much does BIPAP improve your sleep? (Circle one)

1	2	3	4	5
Not improve at all				Greatly improve
6. Many patients on BIPAP experience anxiety. How often do you feel anxious?

1	2	3	4	5
Never	Rarely	Sometimes	Often	All the time

6A: Ask ONLY if patient has anxiety:
How does BIPAP affect your anxiety? (Circle one)

 - a. Improves my anxiety
 - b. Worsens my anxiety
 - c. Does not affect my anxiety

6B: If BIPAP makes you feel more anxious, how? _____
7. How much does BIPAP improve your alertness?

1	2	3	4	5
Not improve at all				Greatly improve
8. On a scale of 1 to 5, during your hospital stay, does BIPAP make you feel better?

1	2	3	4	5
Not at all				Completely better
9. How much does BIPAP affect your ability to move around?

1	2	3	4	5	
Severely Limits	Some limit	Neutral	Some Improvement	Greatly improve	Comments: _____
10. How much does BIPAP affect your ability to eat?

1	2	3	4	5	
Severely Limits	Some limit	Neutral	Some Improvement	Greatly improve	Comments: _____
11. How much does BIPAP affect your ability to talk?

1	2	3	4	5	
Severely Limits	Some limit	Does not limit	Some Improvement	Greatly improve	Comments: _____
12. Do you feel comfortable with ongoing use of BIPAP?
 - a. Yes
 - b. No
 - c. Not sure
13. If you come off BIPAP, and had to use it again in the future, would you want to use BIPAP in the future?
 - a. Yes
 - b. No
 - c. Not sure