Draft

Oximetry Morning Survey

Date of Hook-up: ☐☐ / ☐☐ / ☐☐☐☐
Month Day Year

Office Use Only
SOF ID# ☐☐☐☐☐
Acrostic ☐☐☐☐
○ MISSING
Staff ID# ☐☐☐

1. I connected the sensor to the oximeter cable at: ☐☐ : ☐☐ ○ A.M. ○ P.M.

2. Last night I got in bed at: ☐☐ : ☐☐ ○ am ○ pm **V9OXBDTM**

   I tried to go to sleep at: ☐☐ : ☐☐ ○ am ○ pm **V9OXSLTM**

   This morning I woke up at: ☐☐ : ☐☐ ○ am ○ pm **V9OXWKTM**

   I got out of bed at: ☐☐ : ☐☐ ○ am ○ pm **V9OXOBTM**

3. Last night I slept for ☐☐ hours and ☐☐ minutes **V9OXSLMN**

4. Did you awaken and get out of bed during the night? ○ Yes ○ No **V9OXOUTB**

   If yes, the times I got out of bed were...

   ☐☐ : ☐☐ ○ A.M. ○ P.M. **V9OXOTM1**

   ☐☐ : ☐☐ ○ A.M. ○ P.M. **V9OXOTM2**

   ☐☐ : ☐☐ ○ A.M. ○ P.M. **V9OXOTM3**

5. Rate the quality of your sleep last night. Do not compare to usual sleep quality. My sleep last night was (mark a number for each)...

   a. Light ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 Deep **V9OXDEEP**

   b. Short ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 Long **V9OXLONG**

   c. Restless ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 Restful **V9OXREST**

6. Compared to your usual night's sleep, how well did you sleep last night?

   ○ Much worse than usual
   ○ Somewhat worse than usual
   ○ As well as usual
   ○ A little better than usual
   ○ Much better than usual

   V9OXCOMP

Version 1.0 11.03.2006
SOFPROximetryMorningSurvey

STUDY OF OSTEOPOROTIC FRACTURES

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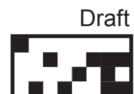

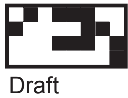
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V9OXFALL

7. How long did it take you to fall asleep at bedtime last night? ☐☐ hours ☐☐ minutes

8. How many of the following drinks did you have during the 4 hours before you went to sleep last night? Please write '0' if you did not drink any of that beverage.

a. ☐☐ glasses of wine (4 oz.)
b. ☐☐ drinks with hard liquor (1 shot)
c. ☐☐ bottles or cans of beer (12 oz.)
d. ☐☐ cups of regular coffee (with caffeine)
e. ☐☐ cups of tea (with caffeine)
f. ☐☐ glasses or cans of cola or other soda (with caffeine)

9. How many cigarettes did you smoke during the 4 hours before you went to sleep last night? Please write '0' if you did not smoke last night. ☐☐ cigarettes

V9OXNASL

10. Did you have nasal stuffiness, obstruction, or discharge last night? ○ Yes ○ No

Did this interfere with your sleep last night? ○ Yes ○ No

V9OXINTR

Version 1.0 11.03.2006
SOFPSOximetryMorningSurvey2

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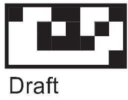
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Oximetry Morning Survey

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11 During the PAST MONTH, how often have you had trouble sleeping because of...

		Not During the Past Month	Less than Once a Week	Once or Twice a Week	Three or More Times a Week
a. Coughing	V9OXCOUG	○	○	○	○
b. Snorting or gasping	V9OXSNOR	○	○	○	○
c. Chest pain or discomfort	V9OXPAIN	○	○	○	○
d. Shortness of breath	V9OXSBRE	○	○	○	○
e. Nasal stuffiness	V9OXSTUF	○	○	○	○
f. Heart burn or reflux	V9OXHBUR	○	○	○	○
g. Leg jerks or kicks	V9OXJERK	○	○	○	○

12 Do you usually wear oxygen therapy?

○ Yes ○ No

Did you use it last night? ○ Yes ○ No

13 Do you use CPAP or Bilevel - PAP at night?

○ Yes ○ No

Did you use it last night? ○ Yes ○ No

STUDY OF OSTEOPOROTIC FRACTURES

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