



### **Setup Information Sheet**

Set Up Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Physician: \_\_\_\_\_ Pressure: \_\_\_\_\_

Equipment: PAP Unit: \_\_\_\_\_

Equipment Modem: \_\_\_\_\_

Mask: \_\_\_\_\_

### **Epworth 0 none, 1 slight, 2 moderate, 3 high chance of dozing:**

Sitting and reading: \_\_\_\_\_

Watching TV: \_\_\_\_\_

Sitting inactive in a public place: \_\_\_\_\_

Sitting & talking to someone: \_\_\_\_\_

As a passenger in a car for over an hour w/o break: \_\_\_\_\_

Lying down to rest in the afternoon: \_\_\_\_\_

Sitting quietly after lunch: \_\_\_\_\_

In a car, while stopped for a few minutes: \_\_\_\_\_

**TOTAL:** \_\_\_\_\_

Comments: \_\_\_\_\_

Sleep Center: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_