

Patient's Assessment of Sleep Habits Forms **After** NightLase Treatment(s) for Snoring

Patients Name:						Da	ate:		Nightlase Tx#:		
The purpose of this form is to provide information on the quality of your sleep and snoring levels since you have been treated with the NightLase therapy. Please answer these questions as they pertain to your observations and feelings as they are at this time. If you have a sleep partner it would be beneficial to have them complete the sleep partner's form that asks very similar questions on their perspective of your sleep habits at this time.											
Overa 10	ll, how 9	would y	ou nov /	v rate tl 6	h e qual 5	ity of yo	our slee 3	p? (10 b 2	eing hi	ghest) 0	
	-					_	•	_		Treatment	?
100%	90%	80%	70%	60%	50%	40%	30%	20%	10%	0%	
		-		-			=	, Never	-	0	
10	9	8	7	6	5	4	3	2	1	0	
Now, I		-				-	_	? (10 be	ing hig	hest)	
10	9	8	7	6	5	4	3	2	1	0	
Now, l		ten doe	s your s	noring	wake y	ou up a	t night?	(Very (Often=1	.0, Occasio	nally=5 <i>,</i>
10	9	8	7	6	5	4	3	2	1	0	
Now	do vou	ovor go	cn for h	roath a	t night) (Vory	Ofton-	10 000	acionall	y=5, Neve	r-0\
10 w, t	9 9	8	-	6	5	4	3	2	1	0	1-0)
Now.	on aver	age hov	w manv	times c	do vou s	zet up c	luring t	he night	t?		
10	9	8	7	6		4	3	2	1	0	
Now	do vou	waka u	، طائند م	a draw ma	auth a	· cara th	root2 /	Λ Ιν. (2) (C-	-10 Car	matimas-F	: Nover-O
10 v, t	30 you 9	wake u	7 with a	a ury m 6	5	4	3	Aiways- 2	-10, 30i 1	0	5, Never=0)
		-			_		-	='		nes=5, Nev	/er=0)
10	9	8	7	6	5	4	3	2	1	0	



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Now, d	o you	feel a la	ick of sl	eep or v	wake u _l	p tired?	(Alway	s=10, S	ometim	es=5, Ne	ever=0)
10	9	8	7	6	5	4	3	2	1	0	
Now, d	o you	have di	fficulty	waking	up in t	he mor	ning? (A	\lways=	10, Son	netimes=	=5, Never=0)
10	9	8	7	6	5	4	3	2	1	0	
Now, d	o you	feel sle	epy/tire	ed/fatig	gued du	ring the	e day? (Always	=10, So	metimes	=5, Never=0)
10	9	8	7	6	5	4	3	2	1	0	
Now, do		fall asle	ep duri	ing the	day at ı	unwant	ed time	es? (Alw	ays=10	, Sometii	mes=5,
10	9	8	7	6	5	4	3	2	1	0	
Now, H	ow fre	equently	y does y	our sno	oring di	sturb y	our slee	p partr	er now	? (10 be	ing often)
10	9	8	7	6	5	4	3	2	1	0	
Other C	Comme	ents you	u feel w	ould be	e benefi	cial:					



Sleep **Partner's** Assessment of the Patient's Sleep Habits **After** NightLase Treatment(s) for Snoring Form

Patients Name:						Date:				Nightlase Tx#:			
						·—-							
The purpose of this form is to provide information on the quality of sleep and snoring levels since the patient has been treated with NightLase therapy. Please answer these questions as they pertain to your observations and feelings as they are, at this time.													
		•				J	•						
Overall, how would you now rate the quality of the patient's sleep? (10 being highest)													
10	9	8	7	6	5	4	3	2	1	0			
How w 100%	•	ou rate 80%	the pat 70%	ient's r 60%	eduction 50%	on in sno 40%	oring si	nce thei 20%	ir first N 10%	NightLas 0%	se Treatment?		
How o	ften de	o they s	nore? (Very Of	ten=10	, Occasi	ionally=	5, Neve	r=0)				
10	9	8	7	6	5	4	3	2	1	0			
		ould you				-		-	-	_	ghest)		
10	9	8	7	6	5	4	3	2	1	0			
Now, h Never=		ten doe	s their s	noring	wake y	ou up a	at nightî	? (Very	Often=:	10, Occ	asionally=5,		
10	9	8	7	6	5	4	3	2	1	0			
Now, c	do they	ever g	asp for	breath	at night	t? (Ver	y Often:	=10, Oc	casiona	lly=5, N	lever=0)		
10	9	8	7	6	5	4	3	2	1	0			
Now, c	n aver	age hov	w many	times c	do they	get up	during	the nigh	nt?				
10	9	8	7	6	5	4	3	2	1	0			
	-	compla , Never		ut waki i	ng up w	ith a di	ry mout	h or so	re throa	at? (Alw	vays=10,		
10	9	8	-0) 7	6	5	4	3	2	1	0			
		ten do t 5, Never	•	nplain a	about h a	aving m	norning	headac	hes? (A	lways=	10,		
		2, INCVCI	•	6	5	Д	3	2	1	Λ			



Sleep **Partner's** Assessment of the Patient's Sleep Habits **After** NightLase Treatment(s) for Snoring Form

	•			•		-	•			ies=5, Never=0)	
10	9	8	7	6	5	4	3	2	1	0	
Now, do	they	have di	fficulty	waking	g up in t	the mo	rning? (Always:	=10, Sor	netimes=5, Neve	r=0)
10	9	8	7	6	5	4	3	2	1	0	
Now, do	=	=		ıt feeli n	ıg sleep	y/tired	l/fatigue	ed durii	ng the d	ay? (Always=10,	
10	9	8	7	6	5	4	3	2	1	0	
Now, do	•	fall asle	ep dur	ing the	day at	unwan	ted time	es? (Alv	vays=10	, Sometimes=5,	
10	9	8	7	6	5	4	3	2	1	0	
Now, ho	ow fred	quently	does tl	neir sno	oring di	sturb y	our slee	p? (10 l	being of	ten)	
10	9	8	7	6	5	4	3	2	1	0	
Other Comments you feel would be beneficial:											