Sleep Study Cannula Comfort Questionnaire

Please enter the ID Number assigned to you at the beginning of the study _____

Night 1: The following questions relate to your experience using the **Standard Cannula** during this study

1. Please indicate the level of breathing resistance you experienced while using the ***Standard Cannula***

1	2	3	4	5
No Resistance	Minor Resistance	Moderate Resistance	High Resistance	Extreme Resistance

2. The ***Standard Cannula*** stayed in position during the night

1	2	3	4	5
Strongly Disagree	Disagree	Neutral	Agree	Strongly agree

3. The ***Standard Cannula*** fit well in my nostrils

1	2	3	4	5
Strongly Disagree	Disagree	Neutral	Agree	Strongly agree

4. I found the ***Standard Cannula*** to be comfortable to wear

1	2	3	4	5
Strongly Disagree	Disagree	Neutral	Agree	Strongly agree

5. I found the ***Standard Cannula*** dried out my nose and/or mouth

1	2	3	4	5
Strongly Disagree	Disagree	Neutral	Agree	Strongly agree

6. I found I had a good sleep while using the ***Standard Cannula***

1	2	3	4	5
Strongly Disagree	Disagree	Neutral	Agree	Strongly agree

Night 2: The following questions relate to your experience using the ***PillowsPlus Nasal Cannula (PPNC)*** during this study

1. Please indicate the level of breathing resistance you experienced while using the ***PPNC*** while sleeping

1	2	3	4	5
No Resistance	Minor Resistance	Moderate Resistance	High Resistance	Extreme Resistance

2. The ***PPNC*** fit well in my nostrils

1	2	3	4	5
Strongly Disagree	Disagree	Neutral	Agree	Strongly agree

3. The ***PPNC*** stayed in position during the night

1	2	3	4	5
Strongly Disagree	Disagree	Neutral	Agree	Strongly agree

4. I found the ***PPNC*** to be comfortable to wear

1	2	3	4	5
Strongly Disagree	Disagree	Neutral	Agree	Strongly agree

5. I found ***PPNC*** dried out my nose and/or mouth

1	2	3	4	5
Strongly Disagree	Disagree	Neutral	Agree	Strongly agree

6. I found I had a good sleep while using the ***PPNC***

1	2	3	4	5
Strongly Disagree	Disagree	Neutral	Agree	Strongly agree

Night 3: The following questions relate to your experience using the ***PillowsPlus Nasal Cannula (PPNC)*** during this study

2. Please indicate the level of breathing resistance you experienced while using the ***PPNC*** while sleeping

1	2	3	4	5
No Resistance	Minor Resistance	Moderate Resistance	High Resistance	Extreme Resistance

2. The ***PPNC*** fit well in my nostrils

1	2	3	4	5
Strongly Disagree	Disagree	Neutral	Agree	Strongly agree

3. The ***PPNC*** stayed in position during the night

1	2	3	4	5
Strongly Disagree	Disagree	Neutral	Agree	Strongly agree

4. I found the ***PPNC*** to be comfortable to wear

1	2	3	4	5
Strongly Disagree	Disagree	Neutral	Agree	Strongly agree

5. The PPNC dried out my nose/mouth

1	2	3	4	5
Strongly Disagree	Disagree	Neutral	Agree	Strongly agree

6. I had a good sleep while using the PPNC

1	2	3	4	5
Strongly Disagree	Disagree	Neutral	Agree	Strongly agree

7. Would you be interested in purchasing the PPNC if it became available? If so, how much would you be willing to spend?