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 Neutral Comfortable Very
   Uncomfortable 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 Some limit Neutral Some Greatly improve Comments:________
   Limits Improvement
10. How much does BIPAP affect your ability to eat?
    1  2  3  4  5
    Severely Some limit Neutral Some Greatly improve Comments:________
    Limits Improvement
11. How much does BIPAP affect your ability to talk?
    1  2  3  4  5
    Severely Some limit Does not limit Some Greatly improve Comments:______
    Limits Improvement
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