



L-PVDOMICS STUDY

Sleep Study Administration Form Questionnaire

Coordinator Instructions:

- **Level 1:** This form is used for participants enrolled in Level 1 only.
- **Nocturnal Oximetry Only:** If questionnaire is given to participant for nocturnal oximetry only, please cross out the unnecessary questions before giving it out – Q11 b-e.
- If this form is being completed (self-administered) by the participant, please remove this page from the form while the participant has the form. Re-attach this page prior to data entry. Make sure to label this page with identifying participant and visit information.

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1. Identification Number

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2. Alphacode

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3. Start date of when device placed (mm/dd/yyyy)

100. a. How was this sleep study questionnaire administered?
 1=Self-administered, 2=Administered in person, 3=Interview by telephone

b. If Q100a = 2 or 3, enter the username of the person administering the form

101. Setting where this form was completed?
 1=At clinic visit, 2=Other clinical setting, 3=At home

102. Was a sleep study or a nocturnal oximetry only completed?
 1=Sleep study, 2=Nocturnal oximetry only

200. Date this form completed (mm/dd/yyyy)..... ____/____/____

201. Username of person completing/reviewing completeness of this form..... ____

Clinical Center Use Only

Date Form Entered (mm/dd/yyyy) ____/____/____

Username of person entering this form ____