



Eligibility Form (Staff)

Screening ID Time Point Staff ID Site ID

Name Code Date Completed / /

Directions: Please use dark marks. Fill bubbles completely. Example: ●Yes ○No

Section 1: Demographics

1.1 Gender: Female Male

1.2 Ethnicity: Hispanic or Latino Not Hispanic or Latino

1.3 Race: (check all that apply)

- American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander
- White
- Asian
- Black or African American
- Other, Specify _____

1.4 Marital Status: (select one)

- Married Divorced
- Remarried Separated
- Widowed Never Married

1.5 Highest Level of Education Completed: (select one)

- 8th Grade or less
- 9th to 11th Grade
- High School Diploma or G.E.D.
- Vocational Trade School courses or Associate's Degree courses after high school
- Vocational Trade School or Associate's Degree
- Courses towards a Bachelor's Degree
- Bachelor's Degree
- Master's Degree
- Professional Degree (M.D., Ph.D., J.D.)

Reviewer ID:
HomePAP_eligibility

Review Date: / /
Last Modified 3-18-2008





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Section 2: Recruitment Source

2.1 Recruitment Source: (check all that apply)

- Sleep Clinic
- Sleep Lab
- Screening Clinic
- Other, Specify _____

Notes: _____

Section 3: Clinical Criteria

STAFF: Since the patient completed the Epworth Sleepiness Scale with the clinic visit, please review the original ESS, verify the scoring, and then transcribe responses and score to the questions below.

A. ESS: Epworth Sleepiness Scale

	Would Never Doze	Slight Chance of Dozing	Moderate Chance of Dozing	High Chance of Dozing
3.1 Sitting and reading	<input type="radio"/> Never	<input type="radio"/> Slight	<input type="radio"/> Moderate	<input type="radio"/> High
3.2 Watching TV	<input type="radio"/> Never	<input type="radio"/> Slight	<input type="radio"/> Moderate	<input type="radio"/> High
3.3 Sitting, inactive, in a public place (e.g., a theater or a meeting)	<input type="radio"/> Never	<input type="radio"/> Slight	<input type="radio"/> Moderate	<input type="radio"/> High
3.4 As a passenger in a car for an hour without a break	<input type="radio"/> Never	<input type="radio"/> Slight	<input type="radio"/> Moderate	<input type="radio"/> High
3.5 Lying down to rest in the afternoon when circumstances permit	<input type="radio"/> Never	<input type="radio"/> Slight	<input type="radio"/> Moderate	<input type="radio"/> High
3.6 Sitting and talking to someone	<input type="radio"/> Never	<input type="radio"/> Slight	<input type="radio"/> Moderate	<input type="radio"/> High
3.7 Sitting quietly after a lunch without alcohol	<input type="radio"/> Never	<input type="radio"/> Slight	<input type="radio"/> Moderate	<input type="radio"/> High
3.8 In a car, while stopped for a few minutes in traffic	<input type="radio"/> Never	<input type="radio"/> Slight	<input type="radio"/> Moderate	<input type="radio"/> High
3.9 ESS Final Score	<input type="text"/> <input type="text"/>			





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Section 3: Clinical Criteria Continued...

B. Adjusted Neck Circumference:

3.10 Neck Circumference (from clinical staff)

. cm

3.11 Habitual Snorer (≥ 3 nights per week)

Yes No If yes, add 3 cm

3.12 Hypertension (on BP meds and/or SBP ≥ 140 or DBP ≥ 90)

Yes No If yes, add 4 cm

3.13 Apnea, gasping, or choking (≥ 3 nights per week)

Yes No If yes, add 3 cm

3.14 Adjusted Neck Circumference

(neck circumference + sum of checked items)

. cm

Section 4: Inclusion Criteria

Does the person meet each of the following Inclusion Criteria?	Does Not Meet Criteria	Meets Criteria	Please Specify:
4.1 18 years or older	<input type="radio"/> No	<input type="radio"/> Yes	Age: <input type="text"/> <input type="text"/>
4.2 ESS score ≥ 12	<input type="radio"/> No	<input type="radio"/> Yes	ESS Final Score: <input type="text"/> <input type="text"/>
4.3 Adjusted neck circumference > 43	<input type="radio"/> No	<input type="radio"/> Yes	Adjusted neck Circumference: <input type="text"/> <input type="text"/> . <input type="text"/> cm





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Section 5: Exclusion Criteria (Use medical chart or MD feedback to complete Section 5).



NOTE: If a patient is ineligible as determined by the inclusion criteria, or if at least one exclusion criterion is identified, recruitment may stop. For the remainder of questions, mark the response 'Skip' for exclusion criteria not attempted.

Does the person meet any of the following Exclusion Criteria?	Meets Criteria	Does Not Meet Criteria	Skip (Subject Ineligible)	Please Specify:
5.1 Pre-existing diagnosis of sleep apnea	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Skip	Specify: _____
5.2 Hypoventilation syndrome, identified in the medical record	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Skip	Specify: _____
5.3 Wake oxygen saturation < 92%	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Skip	Specify Pulse-Oximeter: <input type="text"/> <input type="text"/> <input type="text"/>
5.4 Unstable medical conditions (e.g., new onset or changing angina, a myocardial infarction or congestive heart failure exacerbation documented within the last 3 months, uncontrolled hypertension [SPB > 180 or DBP > 100], NYHA stage 3 or 4 heart failure; or a non-skin cancer diagnosed within the last 2 years)	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Skip	Specify: _____
5.5 Severe chronic insomnia, circadian rhythm disorder or other condition resulting in < 4 hours sleep/night Do you need to use sleeping medications every night? How much sleep per night do you usually get?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Skip	Specify: _____





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Section 5: Exclusion Criteria Continued...

Does the person meet any of the following Exclusion Criteria?	Meets Criteria	Does Not Meet Criteria	Skip (Subject Ineligible)	Please Specify:
5.6 Unable to undergo home testing due to living arrangements, distance from lab Is there anything about your home situation that would prevent you from using sleep equipment at home (e.g., no regular bedroom)? Are you unable to travel back and forth to clinic to participate in several visits over the next few months?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Skip	Specify: _____
5.7 Concerns about unsafe driving (report of auto accident or near-miss accident due to falling asleep behind the wheel in the last year) Have you had an automobile accident or near-miss accident due to falling asleep behind the wheel in the last 1 year?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Skip	Specify: _____
5.8 Severe COPD or restrictive lung disease (FEV1/FVC < 70% or FEV1%p < 50%) or regular use of supplemental oxygen Do you use oxygen (night or day or both)?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Skip	Specify: _____
5.9 Moderate to severe restless legs syndrome symptoms Do you have uncomfortable feelings in your legs that are worse in the evening and relieved with movement more than 3 days per week?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Skip	Specify: _____
5.10 History of cataplexy Do you have periods where you lose control of your muscles (knees buckle, jaw suddenly slackens) after a strong emotion such as laughing?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Skip	Specify: _____





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Section 5: Exclusion Criteria Continued...

Does the person meet any of the following Exclusion Criteria?	Meets Criteria	Does Not Meet Criteria	Skip (Subject Ineligible)	Please Specify:
5.11 Anticipated upper airway surgery or gastric bypass surgery in the next 4 months Are you planning to undergo bariatric or upper airway surgery in the next 4 months?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Skip	Specify: _____
5.12 Decisional impairment for consenting	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Skip	Specify: _____
5.13 Major psychiatric diagnosis other than depression (untreated with no suicidal ideations, or under treatment with no change in medications or hospitalizations over the prior 3 months). Are you under treatment for bipolar disorder or schizophrenia? Have you been treated for major depression? If yes, has this required new or increased medications or hospitalizations in the last 3 months? In the last 3 months have you had feelings of being depressed or blue or had thoughts of killing yourself? (Notify PI if reported)	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Skip	Specify: _____
5.14 Alcohol abuse (currently drinks > 5 alcohol drinks/day) On average, how many glasses of beer, wine, or other liquor do you drink per day?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Skip	Specify: _____
5.15 Chronic narcotic use (use of narcotics for >10 days in prior three months) Do you use narcotic medications on most days? Do you use other narcotics regularly?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Skip	Specify: _____
5.16 Prior experience with CPAP or Bi-level PAP	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Skip	Specify: _____





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Section 6: Eligibility and Participation Status

6.1 **Eligibility Status:** I have reviewed the above information. The individual:

- Meets
- Does Not Meet

eligibility criteria as outlined for the Home PAP study.

_____ / ____ / ____ / ____
 PI Signature Date

6.2 **Participation Status:**

Agrees to Participate

Enrollment Date / /
month day year

Does Not Agree to Participate

Reason(s) does not agree to participate: (check all that apply)

- Not Interested
- Too busy
- Too many underlying conditions/medications
- Other _____

Not Applicable: Ineligible

Section 7: Final Enrollment Information (obtained from DCC Web Entry)

Leave Section 7 BLANK if Not Enrolled

7.1 Study ID

7.2 Randomization Assignment

- Laboratory Based Monitoring
- Home Based Portable Monitoring

PI Initials:
HomePAP_eligibility

PI Review Date: / /
Last Modified 3-18-2008

