

10. A sense of
inadequate airway?

Not at all

Sometimes

Always

*If sometimes or always,
please rate the severity
of the side effect:*

Mild

Moderate

Severe

Sleep Quality

It is easy for you to get to sleep?

Are you waking up during the night?

Do you have to go to the bathroom at night?

Are you dreaming?

Do you remember your dreams?

When you wake up are you feeling refreshed/ rested?

Are you feeling the need for a daytime nap?

Do you feel able to cope with your daily activities/ responsibilities easily?

Comment

Yes

No