

# LEAP Survey: How Living Environment Affects PAP Usage

*This is a survey for OSA patients returning to the clinic after starting PAP therapy. We ask that you complete all the questions if possible. Thank you for your help!*

1. Is there an outlet where you can easily plug in your CPAP close to your sleeping space?

Yes                      No

2. How often do you change the place that you sleep?

Never              A few times per year              Monthly              A few times per month              1x/week or more

3. What sort of place do you normally sleep in?

House              Apartment              Assisted Living              Shelter              Other: \_\_\_\_\_

4. Do you have a room that is dedicated primarily to sleep (a bedroom)?

Yes                      No

**a. If yes,** do you share your bedroom with others?    Yes                      No

**b. If yes,** who do you usually share your sleeping space (not just bed) with?  
Please circle **ALL** that apply.

Partner              Child              Relative              Roommate(s)              Pet              Other: \_\_\_\_\_

**c. If no,** please circle your usual sleeping environment(s). Please circle **ALL** that apply.

Living/family room              Closet              Garage              Shelter              Other: \_\_\_\_\_

For the next 3 questions, circle **ONE** answer where 1 = Never, 3 = Sometimes, and 5 = Always.

	1 (Never)	2	3 (Sometimes)	4	5 (Always)
5. Do you feel safe in your sleeping space?	1	2	3	4	5
6. How often is your sleeping space...					
a. Quiet?	1	2	3	4	5
b. Dark?	1	2	3	4	5
c. A comfortable temperature?	1	2	3	4	5
7. Do you have a similar sleeping schedule as those who share your sleeping space?	1	2	3	4	5

8. How do the people who share your sleeping space feel about your CPAP?

Hate it              Dislike              Neutral/It's OK              Like it              Love it              Don't know

9. What is the highest level of education you have received?

Elementary  
School

High  
School

Some college

Associate  
Degree

College  
Degree

Graduate  
Degree

If you have any additional comments about your experience using CPAP, special details about your living environment, or any questions/concerns regarding this survey, please feel free to use the space below to let us know:

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*Thank you so much for your participation! Again, we want to emphasize that your participation in this research project is completely VOLUNTARY and will not impact your care in any way. **All responses will be kept confidential.***

**\*\*For Study Coordinator Use Only\*\***

Survey #: \_\_\_\_\_ Date: \_\_\_\_\_ Entered: \_\_\_\_\_

Comments from study participants about the relationship between their living/sleeping environment and PAP use

Environmental challenges related to PAP usage
Older home not enough outlets
Harder to use in a hotter sleeping environment. Easier in winter months.
My grandchildren dislike my CPAP very much as they feel as if it makes me look like a space alien. My granddaughter will not even be in the same room as me if I have it on.
Not keen on safety of where I live, been trying to move but finances don't allow
Extreme clutter, uncomfortable bed and mold smell in my apt.
Apartment is always too hot. I sleep with a fan on all the time.
Reasons for frequent changes in sleeping location
Business trips, usually.
Caring for my mother in her home on east coast. Return to Seattle occasionally to touch base and be in my own environment.
Apartment --> motel --> friend's house --> hospital --> hotel --> shelter --> tent in woods.
Stay with wife on weekends in trailer
I answered the question for my regular house that I live in & not the Beach house as it is usually only at a week or so each month & I have only traveled with it one time so far & it was for 1 night.
Recently been sleeping downstairs due to surgery to not disturb wife, not using APAP.
Truck driver for 28 years
Had CPAP <3 months, most of that time spent traveling
I hate packing it so I tend to skip it 1-2 x month.
Sometimes when I travel I don't use CPAP because I am going to places with dirty water or no electricity.

**Legend:** Written comments have been edited only to remove identifying information. Study subjects submitted these comments in response to the following prompt: *If you have any additional comments about your experience using CPAP, special details about your living environment, or any questions/concerns regarding this survey, please feel free to use the space below to let us know:*