

MRA Questionnaire

Patient label

1. How many nights a week do you use your MRA?

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2. How many hours per night do you use your MRA?

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3. Since starting treatment for your sleep apnoea, have you noticed any effect on your tiredness/ sleepiness? If yes, what kind?

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4. What effect has treatment with MRA had on your snoring?

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5. Do you experience any complaints as a result of MRA treatment?
If so, which? (Pain in the teeth? Jaw? Other?)

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Contact details

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