

HEALTH STATUS UPDATE (SHORT) QUESTIONNAIRE ID # _____

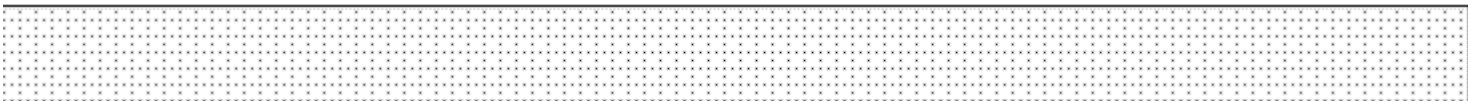
Since your last sleep study on _____, have you been **told by a physician** that you have any of these conditions:

26. Heart Disease:

- a. Coronary artery disease? Yes No
- b. Atherosclerosis (hardening of the arteries)? Yes No
- c. Irregular heartbeat or arrhythmia? Yes No
- d. Heart attack or infarct? Yes No
- e. Congestive heart failure? Yes No
- f. Angina? Yes No
- g. Have you had any of the following surgical procedures? Yes No

If yes, check all that apply: Coronary bypass surgery
 Coronary or balloon angioplasty
 Insertion of pacemaker or defibrillator
 Other heart surgery (*please describe*)

- 27. High blood pressure? Yes No
- 28. Stroke? Yes No
- 29. Diabetes? Yes No
- 30. Emphysema or Obstructive Lung Disease? Yes No
- 31. Thyroid problem? Yes No
- 32. Since your last overnight study have you had any major illness or hospitalization? Yes No



Technician instructions: Complete appropriate section of full questionnaire for all "yes" responses.