

# SELF EFFICACY MEASURE FOR SLEEP APNEA

Date: \_\_\_\_\_ Name: \_\_\_\_\_  
Trial: \_\_\_\_\_ ID#: \_\_\_\_\_

## Perceived Self-Efficacy Measure for Sleep Apnea

**DIRECTIONS:** This survey asks you about sleep apnea and continuous positive airway pressure (known as CPAP), a treatment for sleep apnea. Please put a ( ) in the box under your answer to each question. Pick only one answer for each question. Please try to be as careful as possible. All information will be kept confidential.

1A. My chances of having high blood pressure compared to people my own age and sex who do not have sleep apnea are:

Very low <input type="checkbox"/>	Low <input type="checkbox"/>	High <input type="checkbox"/>	Very high <input type="checkbox"/>
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2A. My chances of falling asleep while driving compared to people my own age and sex who do not have sleep apnea are:

Very low <input type="checkbox"/>	Low <input type="checkbox"/>	High <input type="checkbox"/>	Very high <input type="checkbox"/>
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3A. My chances of having a heart attack compared to people my own age and sex who do not have sleep apnea are:

Very low <input type="checkbox"/>	Low <input type="checkbox"/>	High <input type="checkbox"/>	Very high <input type="checkbox"/>
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4A. My chances of having difficulty concentrating compared to people my own age and sex who do not have sleep apnea are:

Very low <input type="checkbox"/>	Low <input type="checkbox"/>	High <input type="checkbox"/>	Very high <input type="checkbox"/>
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5A. My chances of falling asleep during the day compared to people my own age and sex who do not have sleep apnea are:

Very low <input type="checkbox"/>	Low <input type="checkbox"/>	High <input type="checkbox"/>	Very high <input type="checkbox"/>
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6A. My chances of having an accident because of falling asleep while driving compared to people my own age and sex who do not have sleep apnea are:

Very low <input type="checkbox"/>	Low <input type="checkbox"/>	High <input type="checkbox"/>	Very high <input type="checkbox"/>
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7A. My chances of being depressed compared to people my own age and sex who do not have sleep apnea are:

Very low <input type="checkbox"/>	Low <input type="checkbox"/>	High <input type="checkbox"/>	Very high <input type="checkbox"/>
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8A. My chances of having problems with sexual desire or sexual performance compared to people my own age and sex who do not have sleep apnea are:

Very low <input type="checkbox"/>	Low <input type="checkbox"/>	High <input type="checkbox"/>	Very high <input type="checkbox"/>
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These questions ask you what you think may happen to you if you do or do not use CPAP nightly to treat sleep apnea. Please put a ( ) in the box under your answer to each question for how true each statement would be for you.

1B. If I do use CPAP I will decrease my chances of having an accident while driving.

Not at all true <input type="checkbox"/>	Barely true <input type="checkbox"/>	Somewhat true <input type="checkbox"/>	Very true <input type="checkbox"/>
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2B. If I use CPAP then I will not snore.

Not at all true <input type="checkbox"/>	Barely true <input type="checkbox"/>	Somewhat true <input type="checkbox"/>	Very true <input type="checkbox"/>
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3B. If I do not use CPAP I will be less alert during the day.

Not at all true <input type="checkbox"/>	Barely true <input type="checkbox"/>	Somewhat true <input type="checkbox"/>	Very true <input type="checkbox"/>
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4B. If I use CPAP then my job performance will improve.

Not at all true <input type="checkbox"/>	Barely true <input type="checkbox"/>	Somewhat true <input type="checkbox"/>	Very true <input type="checkbox"/>
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5B. If I use CPAP my relationship with my significant other and friends will improve.

Not at all true <input type="checkbox"/>	Barely true <input type="checkbox"/>	Somewhat true <input type="checkbox"/>	Very true <input type="checkbox"/>
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6B. If I do not use CPAP I will increase my chances of having a heart attack.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Not at all true <input type="checkbox"/>	Barely true <input type="checkbox"/>	Somewhat true <input type="checkbox"/>	Very true <input type="checkbox"/>
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7B. If I use CPAP my bed partner will sleep better.

Not at all true <input type="checkbox"/>	Barely true <input type="checkbox"/>	Somewhat true <input type="checkbox"/>	Very true <input type="checkbox"/>
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8B. If I use CPAP I will feel better.

Not at all true <input type="checkbox"/>	Barely true <input type="checkbox"/>	Somewhat true <input type="checkbox"/>	Very true <input type="checkbox"/>
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9B. If I use CPAP I will be more active.

Not at all true <input type="checkbox"/>	Barely true <input type="checkbox"/>	Somewhat true <input type="checkbox"/>	Very true <input type="checkbox"/>
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10B. If I use CPAP my desire and sexual performance will improve.

Not at all true <input type="checkbox"/>	Barely true <input type="checkbox"/>	Somewhat true <input type="checkbox"/>	Very true <input type="checkbox"/>
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These questions ask you about wearing CPAP, if it should be prescribed for you. Please put a ( ) in the box under your answer to each question that best indicates how true each statement would be for you.

1C. I would use CPAP, even if it made me feel claustrophobic.

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Not at all true <input type="checkbox"/>	Barely true <input type="checkbox"/>	Somewhat true <input type="checkbox"/>	Very true <input type="checkbox"/>
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2C. I would use CPAP, even if it will take me longer to get ready for bed.

Not at all true <input type="checkbox"/>	Barely true <input type="checkbox"/>	Somewhat true <input type="checkbox"/>	Very true <input type="checkbox"/>
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3C. I would use CPAP nightly, even when I traveled.

Not at all true <input type="checkbox"/>	Barely true <input type="checkbox"/>	Somewhat true <input type="checkbox"/>	Very true <input type="checkbox"/>
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4C. I would use CPAP, even if I have to wear a tight mask on my face at night.

Not at all true <input type="checkbox"/>	Barely true <input type="checkbox"/>	Somewhat true <input type="checkbox"/>	Very true <input type="checkbox"/>
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5C. I would use CPAP, even if it made my nose stuffy.

Not at all true <input type="checkbox"/>	Barely true <input type="checkbox"/>	Somewhat true <input type="checkbox"/>	Very true <input type="checkbox"/>
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6C. I would use CPAP, even if it were a bother.

Not at all true <input type="checkbox"/>	Barely true <input type="checkbox"/>	Somewhat true <input type="checkbox"/>	Very true <input type="checkbox"/>
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7C. I would use CPAP, even if it disturbed my bed partner's sleep.

Not at all true <input type="checkbox"/>	Barely true <input type="checkbox"/>	Somewhat true <input type="checkbox"/>	Very true <input type="checkbox"/>
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8C. I would use CPAP, even if it made me feel embarrassed.

Not at all true <input type="checkbox"/>	Barely true <input type="checkbox"/>	Somewhat true <input type="checkbox"/>	Very true <input type="checkbox"/>
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9C. I would use CPAP, even if I had to pay for some of the cost.

Not at all true <input type="checkbox"/>	Barely true <input type="checkbox"/>	Somewhat true <input type="checkbox"/>	Very true <input type="checkbox"/>
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*Thank you for completing this questionnaire.*