

## Smartphone Based Delivery Of Oropharyngeal Exercises For Treatment Of Snoring: A Randomized Controlled Trial

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### Post study Questionnaire

User:

Did you use an oral appliance during the study:

Dates you were sick:

Other concerns or issues with data:

### Snore Assessment for the Study Participant's Bedpartner

Please circle the number below that represents the state of the study participant's snoring now compared to the start of the trial:

Their snoring **volume** has:

Greatly Reduced	Slightly Reduced	Stayed the same	Slightly Increased	Greatly Increased	Not Sure
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Their snoring **frequency** has:

Greatly Reduced	Slightly Reduced	Stayed the same	Slightly Increased	Greatly Increased	Not Sure
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**Comments:**

### Snore Assessment for the Study Participant

Please circle the statement below that represents the state of your snoring now compared to the start of the trial:

My snoring **volume** has:

Greatly Reduced	Slightly Reduced	Stayed the same	Slightly Increased	Greatly Increased	Not Sure
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My snoring **frequency** has:

Greatly Reduced	Slightly Reduced	Stayed the same	Slightly Increased	Greatly Increased	Not Sure
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**Comments:**

### SnoreX's impact on sleep

Please circle the number below that represents **Snore X's impact** on your sleep:  
With SnoreX's use my sleep is **more continuous**:

Strongly Disagree ---1-----2-----3-----4-----5--- Strongly Agree

With Snore X's use I am **less sleepy** throughout the daytime:

Strongly Disagree ---1-----2-----3-----4-----5--- Strongly Agree

With Snore X's use my throat is **less dry/painful** in the morning:

Strongly Disagree ---1-----2-----3-----4-----5--- Strongly Agree