

# Status of sleep medicine practice and sleep laboratory dynamics during COVID-19 Pandemic in India

\* Required

## Informed Consent

Your identity and information submitted by you will be kept confidential.

1. Do you wish to participate in the survey? \*

*Mark only one oval.*

Yes

No

## Sleep Study

2. Your Name: \*

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3. Are you doing sleep study during Pandemic? \*

*Mark only one oval.*

Yes, mostly lab based.

Yes, mostly Home Sleep Apnea Test (HSAT).

Yes, but shifted from in lab studies to HSAT completely

Not conducting sleep study. *Skip to question 7*

## Regarding your Sleep Study

4. Do you get COVID test done before you admit patients for sleep studies? \*

*Mark only one oval.*

- Yes
- No
- Only in COVID suspected based on risk factors.
- Not applicable

5. What are your patient selection criterias for in lab sleep study? (Check all responses that a applicable) \*

*Check all that apply.*

- Low risk of COVID 19.
- Recovered from COVID 19 and presumed to develop immunity to it.
- High risk OSA without any co-morbid illness.
- Home Sleep Apnea Test (HSAT) is not indicated and need.
- Not applicable as not doing in lab study

Other:  \_\_\_\_\_

6. Are you following the disinfection guidelines issued by AASM for the pandemic? \*

*Mark only one oval.*

- Yes
- No
- Not aware of guidelines but taking additional preventive measures.
- Not applicable

Sleep Study-Basic Information

7. Did you cancel sleep studies due to COVID 19 pandemic? \*

*Mark only one oval.*

Yes

No

8. If you cancelled the study, how did the patient react? (Check all responses that are applicable) \*

*Check all that apply.*

Not happy, want study done.

Understanding and cooperative.

Confused and discussing other alternatives.

Not applicable

9. Have you tried telemedicine in place of face to face consultation during pandemic? (Check all responses that are applicable) \*

*Check all that apply.*

Yes, for new patients.

Yes, for follow up patients.

For follow up of CPAP.

Not tried yet.

10. How do you practice telemedicine? (platform) (Check all responses that are applicable) \*

*Check all that apply.*

Video chat(synchronous mode)

Voice call(synchronous mode)

Real time chat on what's app etc(synchronous mode)

Answering patient posted query later on(Asynchronous mode)

Not applicable

11. Are you keeping record while using tele-consultation? \*

*Mark only one oval.*

- Yes, Completely
- No
- Partially
- Not applicable

12. Do you think telemedicine is useful method for serving patients? \*

*Mark only one oval.*

- Yes
- No
- Partially

13. Have you shifted to Cloud technology for CPAP followup consultations because of pandemic? \*

*Mark only one oval.*

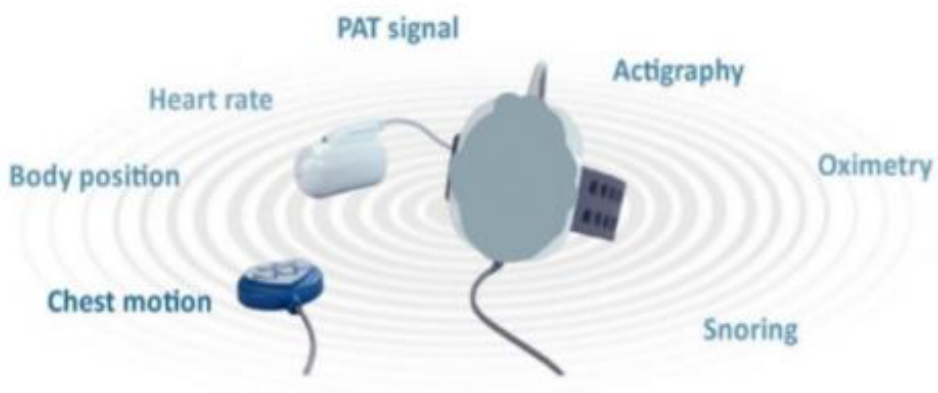
- Yes
- No
- Not aware
- Not applicable at present

14. How are you continuing cognitive behavioral therapy for insomnia? \*

*Check all that apply.*

- Face consultation
- Tele consultation
- Was doing earlier but not able to do now
- Not applicable to my practice.

15. Are you aware of disposable sleep labs? \*



*Mark only one oval.*

- Yes
- No

16. If yes, are you using them? \*

*Mark only one oval.*

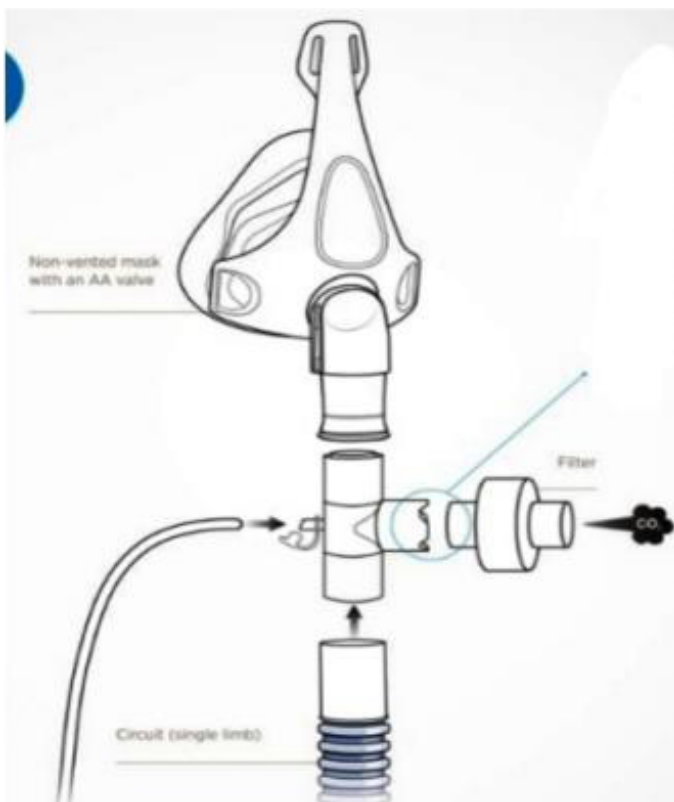
- Yes
- No

17. If no then why? \*

Mark only one oval.

- Expensive
- Not available
- I find the technology sub-optimal.

18. In the current scenario should we use non vented mask with viral filters at the exhalation port? \*



Mark only one oval.

- Yes
- Yes, but only for COVID suspects.
- Not needed

19. Do you think prescription of Auto CPAP is viable option for high risk uncomplicated OSA without diagnostic sleep study during Pandemic?

*Mark only one oval.*

- Yes
- No
- Not sure

20. Are you advising continuation of C-PAP use to existing users, during this Pandemic ?

*Mark only one oval.*

- Yes
- No

21. Are you advising existing C-PAP users to sleep in a separate room while using it? \*

*Mark only one oval.*

- Yes
- No
- Only if COVID suspect.

22. Are you advising mitigation(alternative)therapy instead of C-PAP (e.g. oral appliance, weight loss, positional therapy, sleep hygiene etc.) to suspected OSA patients till sleep study can be done?

*Mark only one oval.*

- Yes
- No
- Not sure
- Not applicable

23. Are you doing actigraphy now?

*Mark only one oval.*

- Yes
- No

24. Do you counsel the patient on extra measures to disinfect the actigraphy watch?

*Mark only one oval.*

- Yes
- No
- Not applicable



25. Did any of your patients complained of non availability of medication or other treatment modes during lockdown? \*

*Mark only one oval.*

- Yes
- No
- Partially
- Not applicable

26. In your clinical practice do you think the patients of following disorders have increased? (Check all responses that are applicable)

*Check all that apply.*

- Insomnia
- Hypersomnia
- Sleep Related Breathing Disorders
- Parasomnia
- Circadian Rhythm Sleep Disorders
- Sleep related movement disorders
- Not applicable

27. What is your opinion regarding rise in circadian rhythm disorders during lock down?

*Mark only one oval.*

- Insufficient light exposure
- Increased use of blue light screen in late evenings.
- Both
- Not aware
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