



## RECRUITMENT FORM A

### ResMed Sleep Trials Registry

**SLEEP BETTER... FOR A BETTER LIFE**

All personal details will be kept confidential.

**If you are happy to be contacted by ResMed Staff to trial potential new products,  
Please complete ALL of the questions in the following form.**

Title \_\_\_\_\_ First name \_\_\_\_\_ Surname \_\_\_\_\_

Gender  Female  Male Date of Birth \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

(Mobile) \_\_\_\_\_

**NB. By registering ResMed has permission to leave a message on the numbers provided as part of the follow-up process.**

E-Mail \_\_\_\_\_

Have you been using CPAP for more than 6 months?  Yes  No

#### PLEASE SPECIFY THE NAME, TYPE AND SIZE OF YOUR MASK BELOW

Mask name \_\_\_\_\_

Mask manufacturer \_\_\_\_\_

Mask type  Nasal  Full Face  Nasal Pillows

Mask size (tick 2 if required)  Small  Medium  Large

Standard  Shallow  Wide

Other \_\_\_\_\_

#### PLEASE SPECIFY YOUR MACHINE MODEL BELOW

Machine Model \_\_\_\_\_

Machine Manufacturer \_\_\_\_\_

Your prescribed pressure  Fixed \_\_\_\_\_ cm H20  Auto Adjusting

#### PLEASE SPECIFY YOUR HUMIDIFIER MODEL AND USE OF CHIN STRAP BELOW

Humidifier  Yes  No Model \_\_\_\_\_

Chin strap  Yes  No

Your signature \_\_\_\_\_ Date \_\_\_\_\_