



# SleepStrip®

Disposable Sleep Apnea Screener

## Instructions for Use

Please read and follow these instructions carefully!

Package contents:

- 1 SleepStrip device
- 1 green sticker
- 1 alcohol prep pad

### Precautions and Warnings



Do not use SleepStrip if you have a cold, a congested nose, or any other type of respiratory tract ailment.

Consult your doctor if you develop a rash or other reaction on your face after using SleepStrip.

Do not open the SleepStrip package until ready to use.

Store the unopened SleepStrip in a cool dry place

Environmental conditions for transport and storage:

Temperature: 10°C – 50°C, 14°F – 120°F

Relative humidity (%): 10 – 90

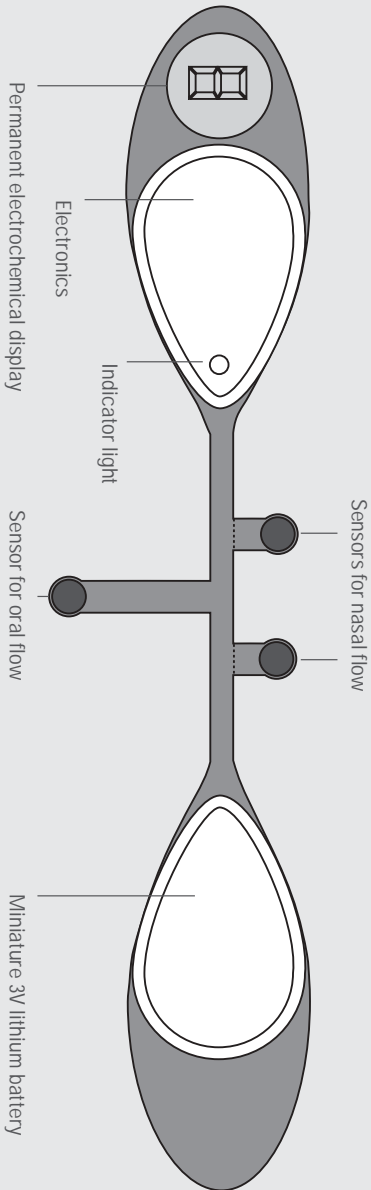
Atmospheric pressure: 860 hPa – 1060 hPa

US and international patents apply

Please stick the SleepStrip here after use, fill out the questionnaire on the reverse, and return to your doctor.



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Item 2100 - 0015 rev.3.0

# SleepStrip®

Disposable Sleep Apnea Screener

## Instructions for Use

Just before going to sleep, remove the SleepStrip and the green sticker from the wrapper.

1. Fold the nose sensors forward (figure 1).
2. Remove the alcohol prep pad from the wrapper and rub the display area (figure 2).
3. Peel the green sticker off its paper cover and attach it firmly to display area (figure 3). The red light should turn ON.
4. Peel the protective paper from the back of the SleepStrip and apply the SleepStrip to the face (figure 4).

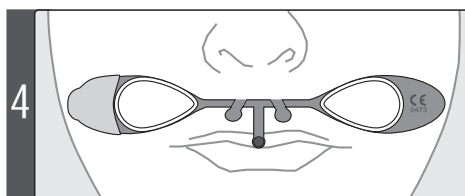
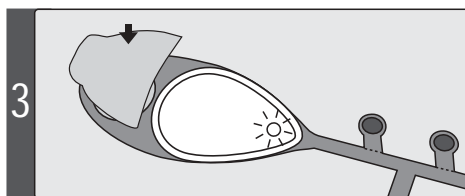
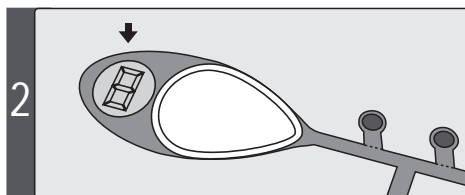
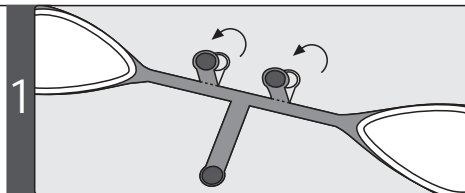
The red light should turn OFF, and it will blink each time you exhale (The blinking will stop after approximately 20 minutes).

**Note:**  
The SleepStrip must be worn for at least 5 hours.

In the morning, remove the SleepStrip, stick it on the place provided, and return it to your doctor.

The red light will turn ON shortly after removing the SleepStrip from the face.

**Do not remove the green sticker from the SleepStrip.**



## Sleep Apnea Questionnaire

Prescribing physician: \_\_\_\_\_

First name: \_\_\_\_\_

Last name: \_\_\_\_\_

Age: \_\_\_\_\_ Weight: \_\_\_\_\_

Height: \_\_\_\_\_ Gender: Male / Female

Using the SleepStrip:

I slept from \_\_\_\_\_ until \_\_\_\_\_

Please answer the following questions:

Do you snore? **Yes** **No**

Have you ever stopped breathing in your sleep? **Yes** **No**

Do you often wake up feeling tired or unrefreshed? **Yes** **No**

Do you often fall asleep inadvertently during the day? **Yes** **No**

Do you often suffer from morning headaches? **Yes** **No**

Do you take sleeping pills? **Yes** **No**

Did you wake to urinate during the night? **Yes** **No**

Do you smoke? **Yes** **No**

Other comments:

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