

AffloVest® therapy adherence and assessment follow-up questionnaire.

Date of assessment: _____ 7 Days 30 Days 60 Days 180 Days

Patient name: _____ Date patient received vest: _____

Please answer the following questions based on your experience with the AffloVest:

Program and intensity: _____

Are you still using the AffloVest according to your doctor's prescription? If no, when and why did you stop using it?

What is the length of each therapy session? _____

Please rate your response to the following questions since beginning your treatments with the AffloVest system.

Please check the appropriate response:

	STRONGLY DISAGREE	DISAGREE	SAME	AGREE	STRONGLY AGREE
My breathing has improved	①	②	③	④	⑤
My secretions have improved	①	②	③	④	⑤
My sleep has improved	①	②	③	④	⑤
My treatment regimen has improved	①	②	③	④	⑤
My activity/energy level has improved	①	②	③	④	⑤
My quality of life has improved	①	②	③	④	⑤
I received proper training	①	②	③	④	⑤

Do you understand the benefits of daily use of your AffloVest? Yes No

Since you began using the AffloVest, have you required treatment with antibiotics or any other medications to treat a respiratory/lung infection? If yes, how many times has this occurred? _____

Since you began using the AffloVest, have you required hospitalization related to your respiratory condition?

If yes, when and where? _____

Since you began using the AffloVest, have you required a visit to the emergency room or urgent care related to your respiratory condition? If yes, when and where? _____

Do you feel you need any additional instruction? Yes No

Additional comments:

Current healthcare provider information:

Primary care physician _____

Pulmonologist _____

Home health agency _____

Name of representative completing survey: _____

Company name: _____

Further recommendations:



Feel the difference.

For more information, please visit afflovest.com

AffloVest[®]
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