

# Positive expiratory pressure (PEP) device therapy adherence and assessment follow-up questionnaire.

Date of assessment: \_\_\_\_\_  7 Days  30 Days  60 Days  180 Days

Patient name: \_\_\_\_\_ Date patient received PEP device: \_\_\_\_\_

## Please answer the following questions based on your experience with the PEP device:

Are you still using the PEP device according to your doctor's prescription?  Yes  No

If no, when and why did you stop using it? \_\_\_\_\_

How many breaths and treatments per day are you using the PEP device? Breaths \_\_\_\_\_ Treatments per day \_\_\_\_\_

## Please rate your response to the following questions since beginning your treatments with the PEP device.

<i>Please check the appropriate response:</i>	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 PEP device?  Yes  No

Since you began using the PEP device, have you required treatment with antibiotics or any other medications to treat a respiratory/lung infection?  Yes  No

If yes, how many times has this occurred? \_\_\_\_\_

Since you began using the PEP device, have you required hospitalization related to your respiratory condition?  Yes  No

If yes, when and where? \_\_\_\_\_

Since you began using the PEP device, have you required a visit to the emergency room or urgent care related to your respiratory condition?  Yes  No

If yes, when and where? \_\_\_\_\_

Who is the current physician you are seeing for your respiratory issues? \_\_\_\_\_

Do you feel you need any additional instruction?  Yes  No

Additional comments:

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