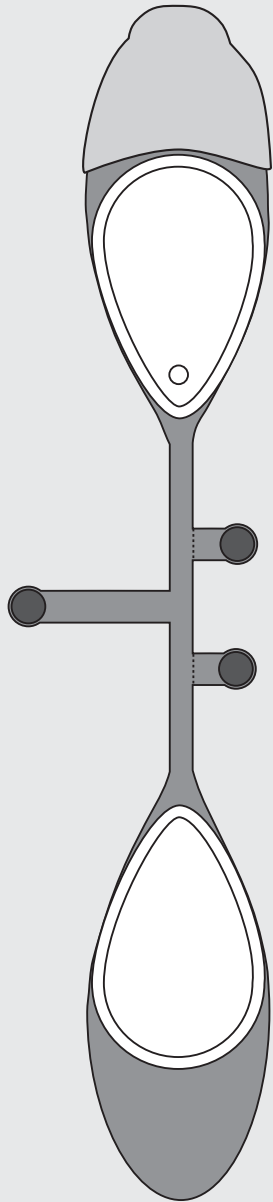


out



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



US and international patents apply

EU regulatory agent:

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Manufactured by:

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Distributed by:



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 – 122°F
- Relative humidity (%): 10 – 90
- Atmospheric pressure: 860 hPa – 1060 hPa

Item N0013 - EN rev. 2.0

SleepStrip®

Disposable Sleep Apnea Screener

Instructions for Use

- Please read all steps in the instructions before beginning.
- Do not pause in between steps.

<p>1. Immediately before going to sleep, wash and dry your face. Remove the SleepStrip and the green sticker from the wrapper.</p>	
<p>2. Fold the nose sensors forward (figure 1). 3. Remove the alcohol prep pad from the wrapper and rub the display area (figure 2).</p>	
<p>4. Peel the green sticker off its paper cover and attach it firmly to display area (figure 3). The red light should turn ON. 5. 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).</p>	
<p>The SleepStrip must be worn for at least 5 hours. 6. In the morning, remove the SleepStrip from the face, make sure that the green sticker is in place and firmly attached. Light will turn on for 20 minutes shortly after removal or 8.5 hours after activation.</p>	
<p>7. Place the SleepStrip on the place provided and return it to your doctor, along with a filled out questionnaire.</p>	

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:
