

# Questionnaire for Vent using Post-Polio & Other Neuromuscular Disease Patients.

[Norma M. Braun, MD](#)

1. Birthdate; when contracted Polio or Diagnosed with disease?
2. Iron lung used; for how long? What was sensation(s)
3. When moved out of Lung & what was used in transition?
4. How life progressed? Schooling, activities, job, marriage or not?
5. When was vent needed again & was there a trigger?
6. What is current system(s) Daytime, night time? Settings?
7. Are these satisfying? Interface(s)?
8. How many hours/day using what system?
9. How does current system compare with Iron Lung or Cuirass>?
10. What are your Pulmonary Function now? Do you have an Arterial/Venous Blood gas(es)?
11. What would you suggest to make any system better? What might that be?
12. Would you be open to trying a different system to see if that might be better?
13. Please give me written permission to use your data:  
WITHOUT ANY IDENTIFYING INFORMATION.

Sign here: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Many thanks.

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