**FOI Ref: 6434**

**Category(ies): Clinical – Service Activity**

**Subject: Sleep Apnoea**

**Date Received: 13/06/2022**

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| **Your request:** | **Our response:** |
| Please could you answer the following questions on the attached spread sheet. These are for **Rotherham Hospital - Respiratory Physiology, Sleep disordered breathing** |  |