

**IMPORTANT ISTRUCTIONS- PLEASE REVIEW BEFORE TEST DATE:**

If your insurance requires a referral you must contact your primary care physician or referring physician for a referral.

Please arrive at the sleep medicine center at your scheduled time (8:30 p.m. or 8:45 p.m.) There is no admittance to the sleep center for overnight sleep studies until 8:30 PM.

If you arrive before 8:30 PM, you may be seated in the entrance lobby and wait there until your appointed time.

**Please use the intercom to announce your arrival.**

**NO caffeine or alcohol** the day of your test. This includes coffee, tea, soda, chocolate, and energy drinks.

Prior to your arrival, you must bathe or shower, and shave. If you have a beard you do not have to shave it off. All wigs, hair pieces, and weaves must be removed. Hair must be dry.

DO NOT use any face or body moisturizers, makeup, hair sprays or gel. **Please remove all dark colored nail polish.**

**Please bring:**

Insurance card and I.D.

Your completed patient packet and medication list.

Prescription or order form for study, if your physician provided you with one.

Bring pajamas, shorts, or jogging pants to sleep in. All pillows and bed linens are provided by the hospital, please **do not** bring pillows or bed linens from home.

Please bring your own toiletries (i.e. Toothpaste, comb).

**Please bring and take all medications as usual. The center does not provide any medications, prescribed or non-prescribed. This includes diabetic testing supplies and medically necessary nutritional needs. Refrigerator is available for use.**

Wake-up time is at 5:00 a.m. You will be leaving between 5:30 a.m. And 6:00 am. If someone is picking you up, please ask them to come no later than 6:00 a.m., as the building will be closing at that time. (NOTE: Patients scheduled for an MSLT or MWT will be discharged between 3- 5PM.)

Patients under the age of 18 must be accompanied by parent/ guardian for the entire procedure.

**Patients with special needs (ex. require help ambulating to and from bed, dressing, using the restroom, or those with psychiatric problems or dementia) must bring someone to assist them throughout the evening. All other patients should come alone. If someone will be staying with you, please inform our office in advance to that evening. If you require use of a handicap bedroom/ bathroom please notify our office in advance.**

We are located in a two story brick building on the east side of Garfield Rd., south of M59

**43650 Garfield Rd. Suite B (586)203-1030**

**\*\*We are not located inside of the hospital.\*\***



# SLEEP MEDICINE CENTER PATIENT QUESTIONNAIRE

Your answers to the following questions will help us to obtain a better understanding of your sleep problems. Please answer every question to the best of your ability. It is helpful to discuss the answers with someone who has witnessed your problems, such as a spouse or bed partner.

## BACKGROUND INFORMATION

Patient Label

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

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Occupation: \_\_\_\_\_ Email: \_\_\_\_\_

Referral Source: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ What is your neck circumference: \_\_\_\_\_

Please briefly describe your sleep problem:

\_\_\_\_\_  
\_\_\_\_\_

When did your sleep problem begin? \_\_\_\_\_

Have you been treated for snoring, sleep apnea, sleepiness, or insomnia? Y N

Have you seen any other doctors for your sleep problem? Y N

If yes, who? \_\_\_\_\_ Have you ever had a sleep study Y N

Does anyone in your family snore or been diagnosed with sleep apnea, narcolepsy, insomnia, or other sleep disorder? Y N

If yes, please list: \_\_\_\_\_  
\_\_\_\_\_

## SOCIAL HISTORY

Children:  
Please list with whom you live: \_\_\_\_\_

Do you smoke? Present Past Never How many packs/day? Years Quit

How much of the following do you use?	Weekdays	Weekends
Coffee		
Alcohol		
Recreational Drugs		

## MEDICATIONS

List the medications that you currently take, including non-prescription:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you ever use sleeping pills, tranquilizers or sedatives? YES NO

If yes, please list:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EPWORTH SLEEPINESS SCALE**

Patient Label

How likely are you to doze off or fall asleep in the following situations, in contrast to feeling just tired? This refers to your usual way of life in recent times. Even if you have not done any of these things recently, try to work out how they would have affected you. Use the following scale to choose the most appropriate number for each situation:

- 0 = would never doze**
- 1 = slight chance of dozing**
- 2 = moderate chance of dozing**
- 3 = high chance of dozing**

	Patients Impression	Family /Friend Impression
Sitting and reading?		
Watching TV?		
Sitting , inactive in a public place (i.e.: movie theater or meeting)?		
As a passenger in a car?		
Lying down to rest in the afternoon when circumstances permit?		
Sitting and talking to someone?		
Sitting quietly after a lunch without alcohol?		
In a car, while stopped for a few minutes in traffic?		
<b>Total:</b>		

**HEALTH HISTORY**

**Over the past year have you experienced:**

Weight Loss? If yes how many pounds?	Y	N
Weight Gain? If yes how many pounds?	Y	N
Nasal allergies?	Y	N
Trouble breathing through nose?	Y	N
Sinus infection?	Y	N
Coronary artery disease (heart attack, angina...)?	Y	N
Chest pain?	Y	N
Palpitation or irregular heart beat?	Y	N
Heart failure?	Y	N
High blood pressure?	Y	N
Asthma?	Y	N
Emphysema/Chronic Obstructive Pulmonary Disease (COPD)?	Y	N
Chronic cough?	Y	N
Abdominal pain?	Y	N
Nighttime urination?	Y	N
Uncontrolled urination?	Y	N
Muscle or bone pain (unknown cause)?	Y	N
Arthritis	Y	N
Headache?	Y	N
Loss of consciousness?	Y	N
Numbness (frequent/prolonged)?	Y	N
Weakness?	Y	N
History of stroke?	Y	N
Seizure?	Y	N
Depression?	Y	N
Anxiety?	Y	N
Psychiatric treatment?	Y	N

**SURGICAL HISTORY**

**Have you ever had:**

Tonsillectomy (tonsils removed) Y N

Other surgeries:

**SLEEP HABITS**

	<b>NO</b>	<b>I DON'T KNOW</b>	<b>YES</b>
Do you have trouble going to sleep?			
Do you have trouble staying awake?			
Do you wake up more than once during the night, or have trouble falling back to sleep after waking up?			
Do you watch TV or read in bed?			
Do you fall asleep more easily on the couch than in bed?			
Do you sleep better when you are away from home?			
Have you felt depressed lately?			
Do you have too much job or marital stress?			
Do you find it difficult to get out of bed in the morning?			
Does your bed partner complain about your sleep?			
Are you easily awakened by noise or light?			
Do you feel frustrated or tense when seeing your bed or bedroom?			
Do you snore?			
Do you wake up gasping or feeling you cannot breathe?			
Pregnant?			
Has your bed partner ever told you that you stop breathing in your sleep?			
Do you awaken with a headache?			
Has your bed partner noticed leg movements or kicking in your sleep?			
Do you toss and turn?			
Do you awaken feeling unrefreshed/tired?			
Have you had a problem or accident due to sleepiness while driving?			
Does sleepiness interfere with your work or school?			
Has your sleepiness ever caused an accident at work?			
Do you find yourself doing something without knowing how it started?			
Do you ever find yourself somewhere without knowing how you got there?			
Do you have vivid dreams shortly after falling asleep or on awakening?			
Do you ever feel that you cannot move after lying down, or just after you awaken?			
Do you ever feel suddenly weak when you laugh or become angry?			
Do you grind your teeth at night?			

	<b>Work Days</b>	<b>Weekends</b>
What time do you go to bed?		
What time do you get up?		
How long does it take you to fall asleep?		
On average, how many hours of sleep do you get nightly?		
On average, how many times do you wake up during the night?		
Do you return to bed after arising?	Y	N
What time do you go to work or school?		
What time do you return home?		
Does your job require working different shifts?	Y	N
If yes, which shifts?		
How many naps do you take during the day?		
During the evening?		

***From the National Sleep Foundation:***

***Are you scheduled to participate in a sleep study? Do you want to know what to expect? Here's a brief preview, with some suggestions on how to prepare for a successful sleep study.***

If you have been diagnosed with a sleep problem or disorder, your primary care physician may refer you to a sleep lab or clinic where you will participate in a sleep study. A sleep study (also called a polysomnogram) is a test that records your physical state during various stages of sleep and wakefulness. It provides data that are essential in evaluating sleep and sleep-related complaints, such as identifying sleep stages, body position, blood oxygen levels, respiratory events, muscle tone, heart rate, and amount of snoring and general sleep behavior.

Usually you will make an appointment for your visit, which will take place at night. The sleep center may send you forms requesting your medical and sleep history prior to your appointment with the doctor. The form may ask for your bed partner's responses to some of these questions, since you may not be aware that you snore, stop breathing (sleep apnea) or kick your legs when you sleep. It also may provide tips and some special instructions for your sleep test.

Before your sleep test, you may meet with a physician or sleep specialist, who will go over your medical and sleep history. You may participate in a "split-night" test, in which half the night will be used to diagnose your sleep problem, and the other half will be used to treat the problem. This is sometimes done with patients who are being tested for sleep apnea.

After you arrive at the sleep center, you may be asked to complete a questionnaire on your sleep the night before. Many sleep centers offer a video or other information about the sleep study or specific disorders such as sleep apnea, since a significant percentage of those who have sleep tests are suspected to have sleep apnea. The video may also address what you should expect during the sleep test to ease any fears that you may have. Then you will be asked to change into nightclothes.

After changing, someone called a polysomnographic technician will connect you to the electrodes that will record your brain waves and muscle movements throughout the night. The electrodes are placed in specific areas and applied with water-soluble glue and tape. The electrodes record brain waves, muscle movement, rapid eye movement (REM), air intake, and periodic limb movement. A microphone attached to your neck records snoring, and two belt-like straps around the chest and lower abdomen monitor muscle movement during breathing. Despite all of the equipment, most people say it doesn't disrupt their sleep.

After settling into bed, your technician may go to a monitoring room and ask you over an intercom to perform certain tasks that will show the electrodes are recording properly. You will be observed on a television monitor during the night, but that is to allow the technician to note your body movements during sleep.

When everything is working properly, the lights will be turned off and you can go to sleep. Many patients are so chronically tired that they have no problem falling asleep. While you are sleeping, your brain waves will be recorded to determine when you are awake or in Stage 1, 2, 3, or REM sleep. You will be awakened in the morning and the electrodes will be removed. Since they are applied with water-soluble glue or tape, removal isn't painful. You might be asked to complete a questionnaire concerning your sleep the previous night, and then you can go home.

Based on the results of your sleep study, your physician may recommend you return to the sleep center for a second study where you will be given treatment for a specific sleep disorder. For example, patients with sleep apnea may be prescribed Continuous Positive Airway Pressure or CPAP, which is a device that gently blows air into your nasal passages to keep the airway open while you are asleep.

Located on the east side of Garfield Rd.  
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