

Please complete this questionnaire and bring it with you to your appointment.

Date		Review date		Review date	
Name			Date of birth		Age
Height	Weight now	Weight 1 yr ago	Gender: (circle one) MALE FEMALE		
Occupation			Employer		
Shift worker? YES NO If yes, please describe:					
How did you first hear of CU Sleep? PHYSICIAN TV RADIO SEMINAR NEWSPAPER INTERNET FRIEND OTHER					
Referring physician				City	
Regular doctor				City	
Has your address, telephone number, or insurance changed recently? YES NO If so, please put latest information here:					

Sleep habits	Work days	“Weekends”
Bedtime		
Arise time		
Hours of sleep (don't count in bed awake)		
How many minutes it takes to fall asleep		
Usually take how many naps?		

What is your main sleep problem? _____

When did this problem begin? _____

Is the problem ... INCREASING DECREASING STAYING SAME

How much do you want to fix this problem?
MUST FIX WOULD **LIKE** TO FIX NOT VERY IMPORTANT

Amount of sleep you need to feel well rested: _____ hours

If you take naps, what is the usual length? _____ minutes

How long it takes you to fully wake up: _____ minutes

Do you find naps refreshing? YES NO

Does your sleep problem affect (circle all that apply):
 WORK HOME LIFE RELATIONSHIPS SAFETY

Do any of your sleep problems seem to go in cycles? YES NO If yes, describe:

Epworth Sleepiness Scale

How likely are you to actually doze off or fall asleep in the following situations, in contrast to feeling just tired? 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

Situation

Sitting and reading..... _____

Watching TV..... _____

Sitting, inactive, in a public place
(e.g. a theater or a meeting)..... _____

As a passenger in a car
for an hour without a break..... _____

Lying down in the afternoon
when circumstances permit..... _____

Sitting and talking with someone..... _____

Sitting quietly after a lunch
without alcohol..... _____

In a car, while stopped for a few
minutes in traffic..... _____

TOTAL _____

Your sleep study

Polysomnogram (PSG)



Your test is scheduled for _____ (night), _____ (date) at _____ (time). We want to make your sleep study as pleasant as possible. If you have any questions, please feel free to give us a call at **217-355-1684**.

Why do I need this test?

Your doctor suspects that a sleep disorder may be having a significant impact on your health or quality of life. Sound sleep isn't just a luxury; it protects your health. Untreated sleep disorders are linked to heart attacks and strokes, and a quadrupled risk of serious car accidents.

What does the test involve?

Typically, you will spend the night at the lab, wearing sensors so that technicians can monitor your sleep.

- Brainwaves: EEG sensors placed on the scalp tell how deeply you are sleeping.
- Eye movements: EOG sensors placed near your eyes show us how your eyes are moving, which helps us evaluate REM sleep.
- Heartbeat: EKG sensors on your torso show us your cardiac rhythms.
- Muscles: EMG sensors on your chin show us muscle tension; leg sensors show muscular jerks.
- Airflow: sensors under your nose show us your breathing patterns.
- Respiratory belts: elastic bands at your chest and abdomen show us your effort to breathe.
- Oxygen: a sensor taped to your finger shows us your oxygen level.

It takes a while to get ready for the test. Expect to go to bed about 1 – 2 hours after you arrive. We rub your skin with a gritty material to remove dead skin cells. It feels similar to rubbing wet sand between your fingers. Sensors are attached with tape or a special paste. Most people sleep reasonably well. The tech may need to enter your room during the night if sensors loosen or fall off. You can adjust the room temperature and lighting. Each room has TV with limited cable channels. A floor fan is available.

How should I prepare?

- Our physician needs to know about your sleep habits and medical history in order to interpret your test. Please keep track of your sleep for the two weeks prior to your test, using the **sleep diary**. Also fill out our **questionnaire**. If someone else regularly observes your sleep, have them complete the “Bed Partner Questionnaire” section. (These forms may have been given to you at the doctor's office, or may be enclosed. Please call as soon as possible if you need copies.)
- Unless your doctor gave different instructions, continue to take your usual **medications**. Be prepared to tell us what medicines and herbal supplements you have taken in the past 24 hours.
- Try to avoid **caffeine** (coffee, soda, tea, chocolate) the afternoon of your test. Do keep track of your caffeine and alcohol intake on the day of your test. You'll be asked to report it.
- Unusual nasal **congestion** may be a problem, since we are studying your breathing pattern. Call the lab if you are uncertain. If you need to cancel due to a cold, please give us more than 24 hours' notice. *(You may be charged a \$50.00 fee if you no-show, or cancel on shorter notice.)*
- Your skin and hair should be clean and dry. Please don't wear any makeup, body **lotions**, or hair products, which can interfere with the sensors.
- Men without beard should **shave** before the test, as stubble can interfere with the sensors.

What should I bring with me?

- Current insurance card(s).
- Sleep diary and questionnaire (enclosed, or given at a previous appointment).
- Loose-fitting two-piece nightclothes (avoid silky fabrics; baggy t-shirt and knit shorts are fine.)
- Any medications you may need during your stay (none will be supplied by our staff.)
- Your own pillow (optional; an older pillowcase is best).
- Shampoo (you may want to wash the paste out of your hair after the test.)
- Book or magazine if you like to read before bed.
- You can bring a cell phone, but it must be turned off at “Lights Out”.

Is smoking permitted?

As a health facility providing respiratory treatments, we cannot permit smoking inside our facility. Customers may smoke in the parking area.

When can I go home?

Most patients leave the lab between 6 and 7am, the morning after their test. However, there are some exceptions to this rule. Some patients have an additional day test, following the night test. Shiftworkers’ appointments may be scheduled at unusual times. If you need to leave the lab at a certain time, please tell your tech before the test. (Be aware that most insurance companies require us to collect at least 6 hours of data after “Lights Out”, whether you sleep or not, in order to pay for the test.) **Because your sleep may be shorter or more disrupted than usual, you may wish to arrange for a ride in the morning. You should not drive if you are drowsy, as this can be dangerous.**

Is the test covered by insurance?

Sleep studies are covered by most major medical plans. The percentage of coverage depends on your specific plan. Contact your insurance company or Christie Customer Service at 217-366-1382 if you have questions about your coverage. If you have a co-payment or prepayment due, please make arrangements to pay Christie Clinic Association prior to the test. We do not collect money at the sleep lab.

How do I get there?

We are located at 1207 South Mattis Avenue in Champaign, which is between John and Kirby, on the west side of the street. The building (which we share with other businesses) is called Centennial Plaza. Look for the signpost near the street on Mattis. The front entrance has sliding glass doors and faces south. At night, our office is locked for security. Ring the doorbell and we will come to meet you. If you need a map or additional directions, give us a call.

When will I get the results?

Because we collect so many kinds of data, and for such a long time, sleep studies often require more processing time than other medical tests. A sleep tech scores the test, and then one or more sleep physicians read the test and interpret it. The sleep lab will send you your test results as soon as possible, usually within two weeks. All patients should also have a follow-up appointment with a sleep physician, for a detailed discussion of the test results and other possible sleep issues.

What happens next?

If your results show a breathing disorder such as obstructive sleep apnea, you might be asked to come back for a second sleep study that focuses on treatment rather than diagnosis. You would be hooked up to the sensors again, but this time you would also try a machine called CPAP (continuous positive airway pressure). The purpose of the test is to see if CPAP can correct your breathing problem, and if so, what settings you should use to get the best results. **Questions? Give us a call at 217-355-1684.**

C U Sleep / Christie Clinic Patient Instructions for Multiple Sleep Latency Test (MSLT) or Maintenance of Wakefulness Test (MWT)

The Multiple Sleep Latency Test (MSLT) is a daytime sleep study involving a series of several nap opportunities spaced throughout the day. It is typically done in conjunction with a night-time sleep study (always the night before the MSLT). The purpose of the test is to identify people who are unusually drowsy, despite getting adequate sleep.

The Maintenance of Wakefulness Test (MWT) is very similar to the MSLT, with one important difference. Instead of trying to take naps, several times during the day you are asked to attempt to remain awake in a darkened, quiet room. Employers sometimes require this test for people (such as airline pilots or long-distance truck drivers) who must remain mentally alert in dark and boring environments.

Things to bring along:

- ❑ Loose, comfortable daytime clothing for the day of the test.
- ❑ Loose, comfortable nightwear if you have an additional night test.
- ❑ “Sack meals” (breakfast and lunch; you may use our fridge and microwave oven).
- ❑ Something to do. We have very limited cable TV channels. You are welcome to bring books, laptop computers, DVDs or VHS tapes, magazines, handheld games, or other diversions for the “waiting periods” you will experience during the day.

The test takes all day; plan to be at the sleep laboratory until approximately 6pm (for typical-schedule sleepers).

It helps to have freshly-cleaned hair and skin. In order to run these tests, the sleep lab staff will attach a variety of sensors to your scalp, face, and body. This is a painless process, as most of the sensors are held in place with tape or a special paste. The technician will lightly scrub small areas of your skin before the sensors are applied, in order to remove any remaining body oils and/or dead cells on the skin’s surface that may interfere with the test.

Avoid using body lotions, hair conditioners/gels and similar products, as these may interfere with the test.

You should avoid caffeine and alcohol on the day of the test. If you consume caffeine or alcohol regularly, it is important to slowly “taper down” your use over a period of one to two weeks before the test, to avoid problems (such as headaches) that can occur when you stop too suddenly.

Be sure to get enough sleep during the two weeks prior to your test. It is important to be well-rested.

Certain medications may interfere with the test results. **Contact the sleep lab at 217-355-1684 for advice if you are using any of the following types of medication:**

- sleeping pills
- decongestants
- antihistamines (anti-allergy medications)
- anti-depressants
- muscle relaxers
- strong pain-killers
- ...or any medicine that may cause sleepiness or hyper-alertness.

DO NOT stop taking any prescribed medication without checking with your regular doctor beforehand.

You must keep an accurate sleep log (sleep diary) for the two weeks immediately before the test. If you are unsure that you could keep an accurate record of your sleep, you may need to ask someone in your household for assistance with this task. This information is essential for the correct interpretation of your test results. Call the sleep lab at 217-355-1684 if you did not receive a blank sleep log.

Cell phones, watches with beepers, or other noisy items must be removed from your room during the actual testing periods. Please tell the technician if you bring any of these type items along.

Questions? Call 217-355-1684. C U Sleep, 1207 S. Mattis Ave., Champaign, IL 61820

Your sleep study

CPAP

Your test is scheduled for _____ (night), _____ (date) at _____ (time).
We want to make your sleep study as pleasant as possible. If you have questions, call (217) 355-1684.

Why do I need this test?

You have been diagnosed with a sleep-related breathing problem called Obstructive Sleep Apnea (OSA). When you fall asleep, your muscles relax and soft tissue in the back of your throat blocks your airway. This blockage interferes with your breathing, causing a kind of suffocation. Your body must repeatedly wake to a lighter level of sleep so that the throat muscles can tighten enough to re-open your airway.

Because of the repeated sleep disruptions, your body does not get enough good, solid sleep. This may result in excessive daytime sleepiness. Untreated sleep apnea can be serious. It is linked to heart attacks and strokes, and a quadrupled risk of serious car accidents. It also can have a significant impact on your energy level, mood, mental function, and overall quality of life.

What is CPAP?

CPAP (“see-pap”) stands for Continuous Positive Airway Pressure. It is the most commonly recommended treatment for sleep apnea. CPAP uses room air to splint your airway open to prevent it from collapsing. Most CPAP masks fit over your nose, although there are many different types of masks.

During the test, the airflow may feel different at different times. We usually start the test on the lowest possible setting. If you snore or struggle to breathe, your tech would increase the airflow. Different people need different settings. The sleep lab doctor will decide which settings you should use at home.

What else should I know about the test?

Our sensors help us compare how you sleep with CPAP, to how you slept without it. The sensors collect information on your brainwaves, eye movements, heartbeat, muscle activity, snoring sounds, airflow, effort to breathe, and oxygen level. If you had a diagnostic test recently, you can expect the sensors to be almost exactly the same as before.

As before, you should continue your normal **medications** (unless the doctor gave different instructions) and avoid caffeine, makeup, and lotions on the evening of the test.

Unusual nasal **congestion** may be a problem, since we adjust the CPAP settings based on your breathing patterns. Call the lab if you are uncertain. If you have a cold and need to cancel, please give us more than 24 hours’ notice. *(You may be charged a \$50 fee if you no-show or cancel on shorter notice.)*

What should I bring with me?

- The name of the durable medical equipment (DME) company you’d like to use. The sleep lab does not supply CPAP machines; you rent or buy them from a **DME company**. You cannot get a machine at home, until we send your prescription to a DME company. We can provide a list of some local companies, if you like. Your insurance company may prefer a certain company.
- Loose-fitting two-piece nightclothes (avoid silky fabrics; baggy t-shirt and knit shorts are fine.)
- Any medications you may need during your stay (none will be supplied by our staff.)
- Toiletry items such as shampoo, toothpaste, toothbrush, hair dryer, etc.
- Current insurance card(s), sleep diary, and questionnaire **IF** you did not already provide this information at a recent diagnostic test.
- Comfort items such as a favorite book, special pillow, etc.

Can I bring my cell phone?

You may use your cell phone until “Lights Out”. After that, it must be turned off.

Is smoking permitted?

As a health facility providing respiratory treatments, we cannot permit smoking inside our facility. Customers may smoke in the parking area.

When can I go home?

Most patients leave the lab between 6 and 7am, the morning after their test. However, there are some exceptions to this rule. For example, sometimes the test needs to run a little longer than usual, so that the doctor has enough information to make a decision about your machine settings.

If you need to leave the lab at a certain time, please inform the tech. (Be aware that most insurance companies require us to collect at least 6 hours of data after “Lights Out”, whether you sleep or not, in order to pay for the test.) Because your sleep may be shorter or more disrupted than usual, you may wish to arrange for a ride in the morning. You should not drive if you are drowsy, as this can be dangerous.

Will my insurance cover the test and the machine?

Sleep studies and CPAP machines are covered by most medical plans. If your diagnostic test was covered, it is likely that your treatment test and machine would be covered as well. The percentage of coverage would depend on your specific plan. Contact your insurance company or Christie Customer Service at 217-366-1382 if you have questions. If you have a co-payment or prepayment due, please arrange to pay Christie Clinic Association prior to the test. We do not collect money at the sleep lab.

How do I get there?

We are located at 1207 South Mattis Avenue in Champaign, which is between John and Kirby, on the west side of the street. Call us if you need a map or more detailed directions. The building (which we share with other businesses) is called Centennial Plaza. Look for the signpost near the street on Mattis. The front entrance of the building (sliding glass door) faces south. Ring our doorbell to enter at night.

What happens next?

Because we collect so many kinds of data, and for such a long time, sleep studies often require more processing time than other medical tests. A sleep tech scores the test, and then one or more sleep doctors read and interpret it. We will send you your test results as soon as possible, usually within two weeks.

We will also send your results to the DME company you selected. The company should then call you to set up an appointment for you to get your CPAP machine. They can answer questions you may have about the CPAP machine, for example:

- How to use and clean it,
- How much it will cost,
- What to do when you travel or camp, and
- What to do if you have problems such as air leakage or mask discomfort.

How long will I need to use CPAP?

Sleep apnea is usually a lifelong condition. It is important to use CPAP every time you sleep, including naps. If you are going to have surgery, tell your surgeon and anesthesiologist that you have sleep apnea.

Sometimes as your body changes with age, your CPAP settings may need to be adjusted. Check with your doctor if your symptoms return, or if you develop new symptoms such as nasal congestion.

Questions? Give us a call at 217-355-1684.

Usual medications <i>(include over-the-counter & herbals)</i>		Are you allergic to any medications? YES NO	
Name of medication	What for?	If yes, which? _____	
_____	_____	How many times per week do you take sleeping pills? _____	
_____	_____	Below, list other medicines you have taken in the past month <i>(don't count "usual medications" you already listed at left.)</i>	
_____	_____	Name of medication	What for?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If you do not have room to write your current medications above, please attach a list. Thank you!

Medical history

Have you had a sleep study before? YES NO		Check off present or past medical conditions ↓	
If yes, where and when? _____		Diabetes	
Do you currently use... Oxygen? YES NO CPAP? YES NO		High blood pressure	
If yes, what medical supply company do you use? _____		Heart problems	
Flow setting: _____		Stroke	
City: _____		Thyroid problems	
Any family members diagnosed with sleep disorders or died in their sleep? YES NO		Depression	
Describe: _____		Seizures / epilepsy	
		Kidney trouble	
		Heartburn	
		Muscle cramps	
		Lung disease (COPD)	
		Arthritis	
		Bladder trouble	
		Fainting/dizziness/balance problems	
		Sinus problems or nasal allergies	
		Deviated septum	
		Headaches	
		Other: _____	

Surgeries & Hospitalizations (MOST RECENT FIRST)			
When	Where	What/why	

Symptoms	Check off how frequently you have experienced the items below (in the past 3 - 6 months):	Always	Frequently	Occasionally	Never
	Snoring				
	Gasping, choking, or short of breath during sleep				
	Coughing disrupting sleep				
	Awaken with dry mouth				
	Wake up with a headache				
	Sinus trouble/congestion disrupting sleep				
	Difficulty breathing in a flat position				
	Others see pauses in my breathing during sleep				
	Fall asleep unintentionally				
	Feel sleepy during the daytime				
	Feeling paralyzed in bed				
	Muscle weakness when emotional				
	See dreamlike images when not fully asleep				
	Wake up and can't get back to sleep				
	Unable to fall asleep quickly enough				
	Mind races when I try to sleep				
	Anxiety or depression				
	Tossing and turning				
	Urge to walk / move legs when at rest				
	Uncomfortable sensations in limbs at rest				
	Leg or body jerks				
	Sleep walking				
	Bed-wetting				
	Head-banging or body rocking				
	Frightening dreams				
	Acting out dreams/nightmares				
	Waking up screaming, violent, or confused				
	Night sweats				
	Teeth-grinding during sleep				
	Sleep with another person in the bed				
	Sleep with a pet in the bed				
	Get up to attend to others at night				
	Sleep disturbed by light, noise, or temperature				
	Sleep disrupted by urgent need to urinate				
	Sleep disrupted by hunger or thirst				
	Wake up gagging OR with a sour taste in mouth OR burning throat				
	Sleep disrupted by pain or physical discomfort (please describe):				

Your current habits		About how many ounces of the following foods/beverages do you consume daily?			
Coffee (with caffeine)		Soft drinks (with caffeine)		Tea (with caffeine)	
Alcoholic drinks		Chocolate		Decaf. Coffee	
Do you smoke, dip, or chew tobacco? YES NO		Amount/frequency:			
Do you exercise regularly? YES NO		Amount/frequency:			

The section below only needs to be filled out when applicable. If no bed partner, leave blank.

BED PARTNER QUESTIONNAIRE	
Patient's name: _____	Your name: _____
I have observed this person's sleep (circle one): NEVER ONCE OR TWICE OFTEN EVERY NIGHT	
Please check off every behavior that applies.	
Sleepwalking <input type="checkbox"/>	Kicking / jerking in sleep <input type="checkbox"/>
Sleeptalking <input type="checkbox"/>	Head banging in sleep <input type="checkbox"/>
Light snoring <input type="checkbox"/>	Body rocking in sleep <input type="checkbox"/>
Loud snoring <input type="checkbox"/>	Sudden snorts in sleep <input type="checkbox"/>
Gasping in sleep <input type="checkbox"/>	Stops breathing in sleep <input type="checkbox"/>
Daytime confusion <input type="checkbox"/>	Grinding teeth in sleep <input type="checkbox"/>
Crying out in sleep <input type="checkbox"/>	Waving arms in sleep <input type="checkbox"/>
Shaking fits in sleep <input type="checkbox"/>	Getting up while asleep <input type="checkbox"/>
Bed-wetting <input type="checkbox"/>	Acts out dreams in sleep <input type="checkbox"/>
Please describe in detail the behaviors listed above (or others that you have observed.) Include how frequently it occurs and approximate time of night.	
<p>Epworth Sleepiness Scale</p> <p>How likely is this person to actually doze off or fall asleep in the following situations, in contrast to feeling just tired? Use the following scale to choose the most appropriate number for each situation:</p> <p>0 = would never doze 1 = slight chance of dozing 2 = moderate chance of dozing 3 = high chance of dozing</p> <p><i>Situation</i></p> Sitting and reading..... _____ Watching TV..... _____ Sitting, inactive, in a public place (e.g. a theater or a meeting)..... _____ As a passenger in a car for an hour without a break..... _____ Lying down in the afternoon when circumstances permit..... _____ Sitting and talking with someone..... _____ Sitting quietly after a lunch without alcohol..... _____ In a car, while stopped for a few minutes in traffic..... _____ <p>TOTAL _____</p>	
Has this person ever fallen asleep during normal daytime activities or in dangerous situations? YES NO If yes, explain:	