



Trinity Health Livingston
Sleep Disorders Center
620 Byron Road
Howell, MI 48843
Office: 517-545-6690
Fax: 517-545-6692

PLUE Sticker

Sleep Study Apnea Testing Information

Dear _____,

You are scheduled to pick up the portable Home Sleep Apnea Testing Device on

_____. You will receive a call to confirm the specific time.

A Technologist will provide you with instructions on how to:

1. Apply the portable device
2. Turn on and begin testing
3. Turn off and end the testing

This should take no more than 30 minutes.

You will sleep with the Home Sleep Apnea Testing device overnight in the comfort of your own home.

PLEASE READ THE FOLLOWING CAREFULLY

- 1. LOCATING THE SLEEP CENTER:** The Sleep Disorders Center is located on the campus of Trinity Health Livingston Hospital in Howell . Parking is available in front of the building. Enter the main building and take the elevators next to the pharmacy, up to the third floor, turn left down the hallway and the Sleep Disorders Center is at the end of the hall.
- 2. DEVICE RETURN:** Please return the device as soon as possible, but no later than 24 hours.
- 3. THE QUESTIONNAIRE:** Please complete the questionnaire and bring the day you pick up the device.
- 4. DAY OF TESTING:** Do not nap and do not drink caffeine after lunch.
- 5. PRIOR TO TESTING:** please register for your Home Sleep Apnea Testing by calling 800-676-0437, Monday through Friday between the hours of 8 a.m. and 5 p.m.

If you have any questions, please notify the Sleep Disorder Center staff by calling 517-545-6690.

Thank you for allowing Trinity Health Livingston Sleep Disorders Center to provide you with this service.



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Your Home Sleep Test

WHAT IS HOME SLEEP TESTING?

Home sleep testing or HST, occurs when you sleep at home wearing equipment that collects information about breathing during sleep. HST is used to diagnose obstructive sleep apnea.

Untreated OSA is associated with medical problems like diabetes.

Obstructive Sleep Apnea, or OSA, occurs when the muscles of the throat relax and the airway collapses during sleep. Air cannot get into the lungs and the level of oxygen in the blood goes down.

Signs of OSA include:

- Choking or gasping during sleep
- Daytime sleepiness or tiredness, even after a full night's sleep
- Loud or frequent snoring

Risks of untreated OSA include:

- Poor concentration
- High blood pressure
- Depression
- Car crashes

LEARN ABOUT HOME SLEEP TESTING

HST is different from a sleep study in a lab because you are sleeping at home and using different equipment. There is no technologist at your home like there is in a lab. You will set up the testing equipment yourself.

DO I NEED HST?

Not everyone should have HST. While HST is used to diagnose OSA, some sleep disorders are better evaluated in a laboratory. HST is primarily used to diagnose OSA. Your health care provider will tell you if HST is right for you.

YOU SHOULD NOT HAVE HST IF:

- You do not have a high risk of OSA
- Your health care provider thinks that you may have another sleep disorder
- You have certain medical conditions

HOW WILL I GET MY HST EQUIPMENT?

You will have to go to a doctor's office or sleep center to pick up the equipment.

WHAT SHOULD I DO THE DAY OF MY HST?

- Keep your regular routine as much as possible
- Don't nap
- Don't drink caffeine after lunch
- Speak with your health care provider about whether or not to take your regular medication the day of your HST

HOW DO I USE MY HST DEVICE?

You will be given instructions on how to attach the sensors and how to use your HST device.

There are many different HST devices that have a variety of sensors and equipment. They all measure information related to breathing and blood oxygen level. They may also measure your heart rate or other information about your body. The HST device collects information while you sleep and stores the data. Ask questions if there is anything you do not understand.



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Sleep Questionnaire (Page 1)

Fill out completely and bring with you the night of the test.

Name: _____ Date of Birth: _____

Sex: Male Female Height _____ Weight _____ Neck size _____

Check all that apply:

- | | |
|---|---|
| <input type="checkbox"/> I snore or have been told I snore | <input type="checkbox"/> I have memory loss |
| <input type="checkbox"/> I have been told I stop breathing during sleep | <input type="checkbox"/> I have problems with concentration |
| <input type="checkbox"/> I wake up choking, gasping, or short of breath | <input type="checkbox"/> I am a restless sleeper |
| <input type="checkbox"/> I wake myself up with my snoring | <input type="checkbox"/> I kick my legs at night |
| <input type="checkbox"/> I am sleepy during the day | <input type="checkbox"/> I have restless legs syndrome |
| <input type="checkbox"/> I am fatigued throughout the day | <input type="checkbox"/> I have insomnia |
| <input type="checkbox"/> I fall asleep unintentionally during the day | |

How long have you had symptoms that you know of: _____

How does this affect your life and daily activities? _____

What time do you typically go to bed and get up:

Weekdays BEDTIME _____ a.m./p.m. WAKE Time _____ a.m./p.m.

Weekends BEDTIME _____ a.m./p.m. WAKE Time _____ a.m./p.m.

On average, how long do you actually sleep at night? _____ hrs _____ mins

Medical History

- | | | |
|---|---|--|
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Other blood-borne disease |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Prostate problems |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Hepatitis B or C | <input type="checkbox"/> Reflux |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> COPD | <input type="checkbox"/> Kidney problems | <input type="checkbox"/> Stroke/TIA's |
| <input type="checkbox"/> Depression/anxiety | <input type="checkbox"/> Migraine headaches | <input type="checkbox"/> Thyroid problems |
| <input type="checkbox"/> Other (please describe): _____ | | |

Allergies (include latex or tape) _____

List Your Current Medications



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Sleep Questionnaire (Page 2)

Restlessness

- I am a restless sleeper
- I kick or jerk my legs and/or arms during sleep
- I have restlessness, tingling or crawling sensation in my legs or arms
- I am unable to keep my legs still prior to falling to sleep
- I grind my teeth in my sleep

Other Complaints

- When falling asleep or waking up, I sometimes feel paralyzed (unable to move)
- At night my heart pounds, beats rapidly or beats irregularly
- I have a lot of nightmares
- I sleepwalk
- I have seen or heard things that weren't real when waking up or going to sleep
- I get sudden weakness or feel like I will fall when I laugh or get angry

Other Questions

Do you have a regular bed partner? Yes No

On average, how long does it take you to fall asleep at night after you turn out your bedroom lights/
 _____ minutes?

What do you usually do just before turning out the lights and trying to go to sleep (*read, watch TV, bath, etc*)

On average, how often do you wake up during the night? _____

Do you wake up too early, unable to go back to sleep? Yes No

Do you usually awaken to an alarm or spontaneously on your own? Yes No

Do you nap or go back to bed after getting up? Yes No

If so, how many times per day? _____

Average length of nap? _____ Do you feel more refreshed after the nap? Yes No

Are you bothered by sleepiness during the day? Yes No

Do you feel that you get too much sleep at night? Yes No

Do you feel that you get too little sleep at night? Yes No

Do you usually feel tired during the day? Yes No

If so, why do you think this is so? _____

Social History

Do you smoke? _____ How much? _____ When did you quit? _____

Do you drink alcohol? _____ How often? _____

Do you drink caffeine? _____ How often? _____

Do you use marijuana or other non-prescription drugs? If so, what? _____

- I am a shift worker on rotating shifts
- I am a permanent or long term night shift worker



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Sleep Questionnaire (Page 3)

Family History

Is there any one in your family with a sleep problem? If so, please describe:

Epworth Sleepiness Scale

Use this 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

Sitting and reading..... _____

Watching TV _____

Sitting in a public place for example, a theatre or meeting..... _____

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

Lying down to rest in the afternoon _____

Sitting and talking to someone _____

Sitting quietly after lunch (when you have had no alcohol) _____

In a car, while stopped in traffic _____

Total: _____

Please check all that apply:

- I take daytime naps
- I have had auto accidents as a result of falling asleep while driving
- I fight to stay awake while driving
- I have had injuries as a result of falling asleep in the daytime
- Daytime sleepiness is affecting my job or quality of life

Best way to reach you:

- Home Phone: _____
- Work Phone: _____
- Cell Phone: _____
- Other Phone: _____
- Email Address: _____

I authorize the Trinity Health Sleep Disorders Lab and/or Pulmonary and Critical Care Associates' sleep coordinator to leave results via my phone or email address provided.

Signature _____ Date: _____ Time: _____

Trinity Health Livingston Sleep Disorders Center

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on the campus of Trinity Health Livingston

From the North

Take US 23 South to Exit 67 (Highland Road/M-59).
Merge onto MI-59 W/Highland Rd via Exit 67 toward Howell.
Drive approximately 11 miles and make a U-turn onto W/Highland Rd /MI-59.
Turn Right onto Byron Road.
Drive for about ½ mile,
Livingston Hospital will be on your right.

From the South

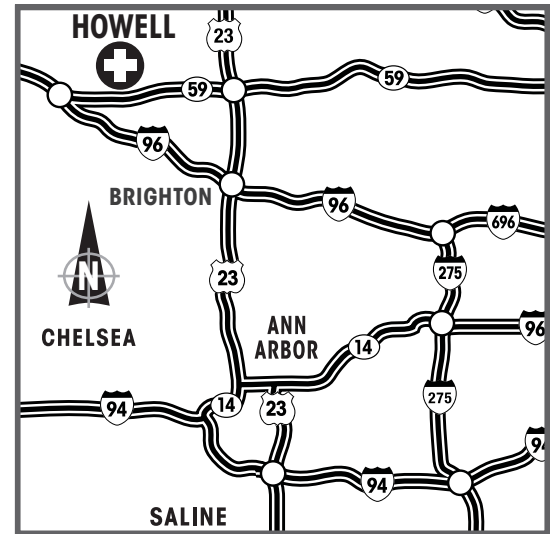
Take US-23 North to I-96 Exit 60B, left toward Brighton/Lansing.
Merge onto I-96 W via the ramp on the left toward Lansing.
Take Exit 137 toward County Hwy-D19/Howell/Pinckney.
Turn Left onto Pinckney Rd. (Becomes Michigan Ave/MI-155)
Drive approximately 1 mile and turn Left onto W Grand River Ave.
Turn Right onto Byron Rd.
Drive for about ½ mile, Livingston Hospital will be on your left.

From the East

Take I-96 West to Exit 137 (Hwy D-19/Howell/Pinckney)
Turn Left onto Pinckney Rd. (Becomes Michigan Ave/MI-155)
Drive approximately 1 mile and turn Left onto W Grand River Ave.
Turn Right onto Byron Road.
Drive for about ½ mile, Livingston Hospital will be on your left.

From the West

Take I-96 East to Exit 133, (MI-59 Exit). Merge onto MI-59/W Highland Rd.
Drive approximately 2 ½ miles and turn Right onto Byron Road.
Drive for about ½ mile, Livingston Hospital will be on your right.



Interstate/freeways
to Trinity Health Livingston



Trinity Health Livingston campus
follow signs to the Sleep Disorders Center

