

Trinity Heath Ann Arbor

Sleep Disorders Center 5301 East Huron River Drive P.O. Box 995 Ann Arbor, Michigan 48106-0995 Office: 734-712-4651

Office: 734-712-4651 Fax: 734-712-2967 **PLUE Sticker** 

### Sleep Study Apnea Testing Information

Dear _	,	
You ar	e scheduled to pick up the portable Home Sleep Apnea Testing Device on	
	You will receive a call to confirm the specific tim	e.
A Tech	nologist will provide you with instructions on how to:	
	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 in Building 5305 on the third floor in the McAuley Inn. You may park in the patient parking spaces in parking lot P. Take the elevators to the third floor; turn right through the glass door into the Sleep Disorders Center. Check in at the small glass window.
- 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 734-712-2440.

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





### **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.





## Sleep Questionnaire (Page 1)

Fill out completely and bring wi	th you the night of the test.			
Name:			Date of Birth:	
Sex:   Male   Female	Height	_ Weight	Neck size	
Check all that apply:				
☐ I snore or have been told I snore ☐ I have been told I stop breathing during sleep ☐ I wake up choking, gasping, or short of breath ☐ I wake myself up with my snoring ☐ I am sleepy during the day ☐ I am fatigued throughout the day ☐ I fall asleep unintentionally during the day		☐ I have memory lo ☐ I have problems ☐ I am a restless s ☐ I kick my legs at ☐ I have restless le ☐ I have insomnia	with concentration leeper night	
How long have you had symp How does this affect your life				
What time do you typically go	• •			
Weekdays BEDTIME	a.m./p.m	n. WAKE Time		a.m./p.m.
Weekends BEDTIME	a.m./p.m	n. WAKE Time		a.m./p.m.
On average, how long do you	actually sleep at night?	hrs	mins	
Medical History				
☐ Anemia	☐ Diabetes	☐ Other b	olood-borne disease	
☐ Arthritis	☐ Heart Disease	☐ Prostat	te problems	
☐ Asthma	☐ Hepatitis B or C	☐ Reflux		
☐ Cancer	☐ Hypertension	☐ Seizure	es	
□ COPD	☐ Kidney problems	☐ Stroke/	TIA's	
☐ Depression/anxiety	☐ Migraine headaches	☐ Thyroic	d problems	
☐ Other (please describe):				
Allergies (include latex or tap	oe)			
List Your Current Medicatio	ns			





## Sleep Questionnaire (Page 2)

Restlessness								
☐ I am a restless sleeper								
I kick or jerk my legs and	d/or arms during sleep							
_	gling 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 sl	eep							
Other Complaints								
•	vaking up, I sometimes feel paralyzed (unable to move)							
	ls, beats rapidly or beats irregularly							
I have a lot of nightmare	es es							
☐ I sleepwalk								
	ngs that weren't real when waking up or going to sleep							
•	or feel like I will fall when I laugh or get angry							
Other Questions								
	partner?		☐ No					
On average, how long does minut	it take you to fall asleep at night after you turn out your bedroo es?	m lights/						
What do you usually do just	before turning out the lights and trying to go to sleep (read, wa	tch TV, bath, e	tc)					
On average, how often do y	ou wake up during the night?							
Do you wake up too early, u	nable to go back to sleep?		$\square$ No					
Do you usually awaken to an alarm or spontaneously on your own?			$\square$ No					
Do you nap or go back to be	ed after getting up?		$\square$ No					
If so, how many times pe								
	Do you feel more refreshed after the nap?		☐ No					
	ness during the day?		☐ No					
	much sleep at night?		☐ No					
Do you feel that you get too	little sleep at night?		☐ No					
Do you usually feel tired du	ring the day?	□ Ves	□No					
	his is so?							
,, , ,								
Social History								
	How much? When did you quit?							
	How often?							
	How often?							
	ner non-prescription drugs? If so, what?							
☐ I am a shift worker on ro	•							
$\square$ I am a permanent or lon	g term night shift worker							



## Sleep Questionnaire (Page 3)

Family History							
Is there any one in your family with a sleep problem? If so, please describe:							
Epwort	h Sleepiness Scale						
•	Use this scale to choose the most appropriate number for each situation:						
<b>0</b> = would never doze <b>1</b> = slight chance of dozing	<b>2</b> = moderate chance	e of dozing 3 = h	nigh chance of dozing				
Sitting and reading							
Watching TV							
Sitting in a public place for example, a theatre or m	•						
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 a	,						
In a car, while stopped in traffic							
		Takalı					
Places shock all that apply		Total:					
Please check all that apply:  ☐ I take daytime naps							
☐ I have had auto accidents as a result of fallin	a asleen while driving						
☐ I fight to stay awake while driving	g asieep wrille driving						
☐ I have had injuries as a result of falling aslee	n in the daytime						
☐ Daytime sleepiness is affecting my job or qua	•						
Daytime sleepiness is affecting my job of qua	anty of me						
Best way to reach you:							
☐ Home Phone:							
☐ Work Phone:							
☐ Cell Phone:							
☐ Other Phone:							
☐ Email Address:							
I authorize the Trinity Health Sleep Disorders Lab a	nd/or Pulmonary and Cr	ritical Care Assoc	iates' sleep				
coordinator to leave results via my phone or email	-		•				
Signature	D	)ate:	_Time:				
-							

### **Driving Directions**

## **Trinity Health Sleep Disorders Center**

5305 Elliott Drive, Ypsilanti, MI 48197 | 734-712-2276

on the campus of Trinity Health Ann Arbor

#### From I-94 East

Take I-94 West to Exit 181B (Michigan Avenue) and head towards Ypsilanti. Turn left at Hewitt Road (first light) and continue North to McAuley Drive (about 2.5 miles) onto Trinity Health Ann Arbor main campus. Make a left on Elliott Drive and follow signs to the Administration Area, park in lot P and enter the Administration Building and take stairs/elevator to the third floor, turn right to the Sleep Disorders Center.

#### From I-94 West

Take I-94 East to Exit 180B and merge onto US 23 North (towards Flint). Take Exit 39 (Geddes Road), at traffic circle take the first exit onto Geddes Road. Make a right turn onto Dixboro Road and continue straight on East Huron River Drive to Emergency Drive, turn left (across from Washtenaw Community College). Make a left on Elliott Drive and turn right at the first drive to the Administration Area, park in lot P and enter the Administration Building and take stairs/elevator to the third floor, turn right to the Sleep Disorders Center.

#### From I-275 North

Take I-275 South, to M-14 West towards Ann Arbor to US 23 south. Stay on US 23 south to Exit 39 (Geddes Road). At the traffic circle, take the second exit onto Geddes Road and continue straight through the second traffic circle and make a right onto Dixboro Road, continue straight on East Huron River Drive to Emergency Drive, turn left (across from Washtenaw Community College). Make a left on Elliott Drive and turn right at the first drive to the Administration Area, park in lot P and enter the Administration Building and take stairs/elevator to the third floor, turn right to the Sleep Disorders Center.

#### From US-23 North

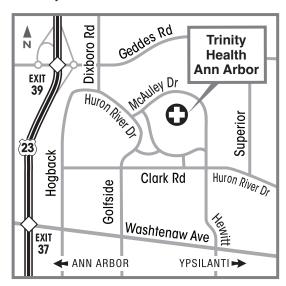
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Interstate/freeways to Trinity Health Ann Arbor



**Trinity Health Ann Arbor campus** follow signs to the Administration Area/ Sleep Disorders Center

