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

PLUE Sticker

Sleep Study Information

Dear ______________________________________,

Your Sleep Study will begin the night of ____________________________ at 8 p.m. and will end the following day between 6 a.m. and 7 a.m.

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.

ARRIVAL TIME: If you are not able to arrive by 8 p.m. please call the lab at 517-545-6690 and inform a member of our staff. Late cancellations or missed appointments may be subject to a $200 fee. Please. if you are unable to keep your scheduled appointment, we require 48-hour notice.

SCHEDULING CHANGES: please call Central Scheduling at 734-712-1313, Option 2.

If you have any questions or special needs that the Sleep Disorders Center staff should be aware of such as hospital bed, please notify us prior to your test by calling 517-545-6690.

Prior to the Sleep Study

Carefully read the following Information:

REGISTRATION: You must register for your outpatient sleep test by calling 800-676-0437, Monday through Friday between the hours of 8 a.m. and 5 p.m. prior to the date of your test.

WHAT TO EXPECT DURING THE STUDY: The Sleep Disorders Center technician will apply electrode wires to your head, torso and legs. There is little, if any, discomfort involved. You will be sleeping approximately eight hours. If you are scheduled to stay over the following day you will be taking several scheduled naps. Between naps, you will not be monitored, but you will still be wearing the electrode wires attached to your body. You will be able to move about freely and we encourage you to wear street clothes. Your room has a TV and a private bathroom. You may want to bring reading material, paperwork or craft projects to pass the time between naps.

QUESTIONNAIRE: A questionnaire concerning your medical history and sleep habits are a part of this packet. Please fill it out as completely as possible and bring it with you the night of your test.

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Preparation Instructions

ALCOHOL: Avoid drinking any alcoholic beverages on the day of your test, unless you have been told to do so by your doctor.

CAFFEINE: Do not drink any coffee, tea or caffeinated beverages after 5 p.m. on the day of your test. You should not have any kind of caffeine (including chocolate) until your test is completed.

FLUIDS / NAPS: Do not drink large amounts of any fluids after 5 p.m. the day of your sleep test or take any naps the day of your test if you can possibly avoid it.

HYGIENE: Please wash your hair prior to coming in for your sleep test. Do not use hairspray, mousse or gel. Do not wear braids or hair extensions. Women should not wear nail polish, heavy makeup or skin creams. Men should shave, unless you have a beard. This will help us to attain the highest quality of test results.

MEALS / SNACKS: Breakfast and lunch trays will be provided for patients who stay throughout the day following their overnight study. Please, notify your technician if you have a special diet. You may also bring your own food or **snacks from home.**

MEDICATIONS: Your sleep test is an outpatient procedure, nursing services and medication will not be provided. If you take medication regularly, bring it with you and take it as usual.

SMOKING: The Sleep Disorders Center and the campus of Trinity Health Livingston is a smoke-free environment. Smoking is not permitted on the premises.

SLEEPWEAR: Please wear comfortable sleep clothing such as pajamas or shorts and t-shirt; please avoid fleece and silky material. If you have a favorite pillow or blanket, please bring it with you so you will feel more at home.

Thank you for Choosing
Trinity Health Livingston for your Sleep Study

Our Sleep Disorders Center is accredited through the American Academy of Sleep Medicine.

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Sleep Questionnaire (Page 1)

Fill out completely and bring with you the day 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 loss
- ☐ I have problems with concentration
- ☐ I am a restless sleeper
- ☐ I kick my legs at night
- ☐ I have restless legs syndrome
- ☐ I have insomnia

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

- ☐ Anemia
- ☐ Arthritis
- ☐ Asthma
- ☐ Cancer
- ☐ COPD
- ☐ Depression/anxiety
- ☐ Diabetes
- ☐ Heart Disease
- ☐ Hepatitis B or C
- ☐ Hypertension
- ☐ Kidney problems
- ☐ Migraine headaches
- ☐ Other blood-borne disease
- ☐ Prostate problems
- ☐ Reflux
- ☐ Seizures
- ☐ Stroke/TIA's
- ☐ Thyroid problems
- ☐ 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? ____

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
620 Byron Road, Howell, MI 48843 | 517-545-6690
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

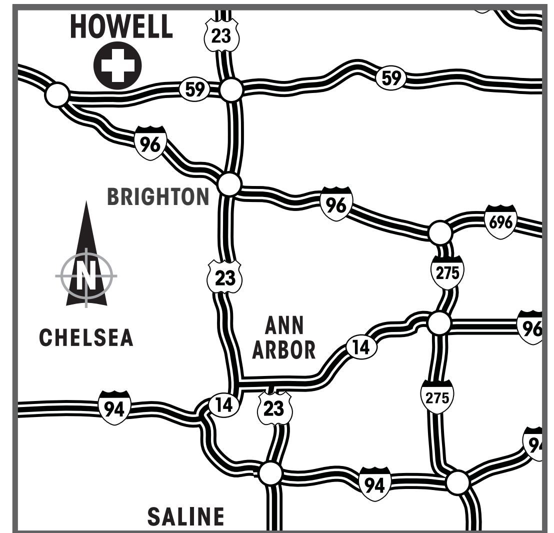
Take US-23 North to I-96 Exit 60B, left toward Brighton/Lansing.
Merge onto I-96 W via the ramp on the left toward Lansing.
Take Exit 137 toward County Hwy-D19/Howell/Pinckney.
Turn Left onto Pinckney Rd. (Becomes Michigan Ave/MI-155)
Drive approximately 1 mile and turn Left onto W Grand River Ave.
Turn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

From the East

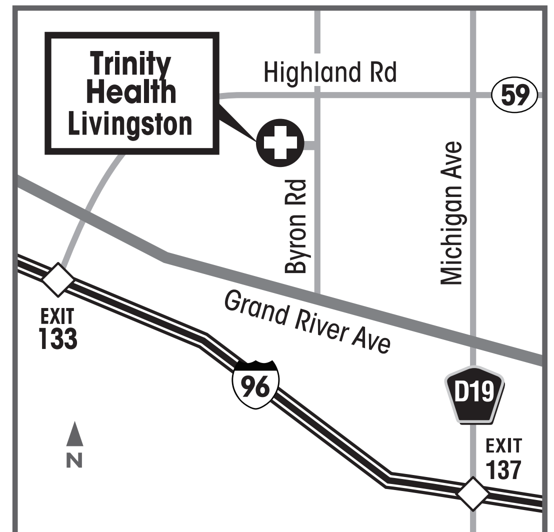
Take I-96 West to Exit 137 (Hwy D-19/Howell/Pinckney)
Turn Left onto Pinckney Rd. (Becomes Michigan Ave/MI-155)
Drive approximately 1 mile and turn Left onto W Grand River Ave.
Turn Right onto Byron Road.
Drive for about ½ mile, Livingston Hospital will be on your left.

From the West

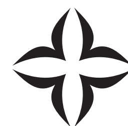
Take I-96 East to Exit 133, (MI-59 Exit). Merge onto MI-59/W Highland Rd.
Drive approximately 2 ½ miles and turn Right onto Byron Road.
Drive for about ½ mile, Livingston Hospital will be on your right.



Interstate/freeways
to Trinity Health Livingston



Trinity Health Livingston campus
follow signs to the Sleep Disorders Center



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