Denton Sleep Disorders Laboratory
3200 Colorado Blvd, Suite 200 * Denton, TX 76210
Phone: (940) 381-0971 / Fax: (940) 463-8128

Cooke County Sleep Disorders Laboratory
406 N. Grand Ave, Suite 111 * Gainesville, TX 76240
Phone: (940) 580-3317 / Fax: (940) 463-8128

GENERAL PRE-SLEEP STUDY INFORMATION

You have been scheduled for an overnight sleep study, per your physician's order. The study will be performed at the sleep lab located in Denton or Gainesville. Your study has been scheduled for _____ night, _____ at _____ p.m. If you need to cancel your appointment for any reason, please notify our office no later than 24-hours prior to your study date. Failure to call our office within the allotted time will result in a cancellation charge of $50.00.

In order to get the best results from your overnight stay, please review the following recommendations:

- **Try to wake up earlier and do not take a nap the day of your study.**
- **Do not eat or drink anything containing caffeine after noon the day of your study. This includes chocolate, caffeinated soft drinks, coffee or tea.**
- **You will need to bathe before coming in for your study in order to remove oils that accumulate. Do not put on any lotion or after-bath powders after bathing.**
- **Bring something comfortable to sleep in. Pajamas, gowns, loose fitting shorts and a tee are all acceptable items.**
- **When you get to the sleep lab, if the door is locked: Denton office – press the call button on the side of the building and we will come open the door for you / Gainesville office – knock on the door and we will open the door for you.**
- **If you would like to bring your own pillow or other personal items that make you comfortable, you may. However, the sleep center will provide you with all bedding items and all rooms are equipped with small fans.**
- **You may bring reading material or anything that will help you relax before bed. There are televisions in all sleep rooms as well.**
- **If you normally take prescribed medications to help you sleep or for pain, please bring those with you and the technician will advise you when it is appropriate to take them. You will need to advise the sleep technician of any medications you take immediately prior to your study so it can be documented in the paperwork. Otherwise, take all medications as prescribed.**
- **Please remember to bring any and all completed paperwork with you. This paperwork is crucial for the analysis and interpretation of your sleep study. Make sure you also bring your ID, insurance cards and any copay portions with you the night of the study.**

Denton Sleep Disorders Laboratory
3200 Colorado Blvd, Suite 200 * Denton, TX 76210
Phone: (940) 381-0971 / Fax: (940) 463-8128

Cooke County Sleep Disorders Laboratory
406 N. Grand Ave, Suite 111 * Gainesville, TX 76240
Phone: (940) 580-3317 / Fax: (940) 463-8128

- **There is a shower at our facility with items such as towels, washcloths, shampoo, conditioner and soap provided for your convenience. We do not provide items such as blow dryers, razors, toothbrush, etc.**

- **We will wake you up around 5:30 a.m. and you will be released from the sleep lab no later than 6:00 a.m. Please ensure that if you are being picked up, your ride is here before 6:00 a.m. Our facility closes at 6:00 a.m. and you will not be allowed to stay in the building past that time.**

- **If you are currently on CPAP/BiPAP therapy, do not bring your machine with you the night of your study. However, if you would like to use the mask you already have, you may. If you would like to try some of the masks that the lab has on hand, you are welcome to do that as well.**

- **Following the study, it generally takes 7-10 business days to get the final results back. As soon as we have your results, we will contact you to review the data and will also send the results to your referring physician, if applicable. If you are positive for sleep apnea and home equipment is recommended, we will send the orders to an equipment company, who is approved with your insurance company, as soon as we have all necessary records on file.**

- **If you have any further questions not answered by this pre-sleep information guide, please feel free to contact our office and we will be happy to answer any remaining questions you may have.**

Denton Sleep Disorders Laboratory
3200 Colorado Blvd, Suite 200 * Denton, TX 76210
Phone: (940) 381-0971 / Fax: (940) 463-8128

Cooke County Sleep Disorders Laboratory
406 N. Grand Ave, Suite 111 * Gainesville, TX 76240
Phone: (940) 580-3317 / Fax: (940) 463-8128

SLEEP HYGIENE – A GUIDE TO A BETTER NIGHT'S SLEEP

What is 'sleep hygiene'? In the same way dental hygiene is observed to promote strong and healthy teeth, sleep hygiene should be observed to promote good and healthy sleep. Your habits while awake affect the way that you sleep in many ways. In order to promote the best possible sleep, the following steps should be observed.

KEEP REGULAR HOURS

The best way to ensure a good night of sleep is to stick to a regular schedule. To keep your biologic clock in sync, keep a regular bedtime and wake up at the same time, regardless of how much or how little you feel you've slept.

EXERCISE REGULARLY

Exercise helps by burning off tension, which allows you to unwind mentally and physically. The ideal time is late afternoon or early evening. However, exercise should be completed 4-6 hours before your bedtime.

REDUCE STIMULANTS

People in the US drink an average of 400 million cups of coffee daily and get extra caffeine in tea, cola, and chocolate. Have your last beverage containing caffeine at 6-8 hours before your bedtime. If you are taking any prescription or over-the-counter medications, ask your doctor whether they may affect your sleep.

SLEEP ON A GOOD BED

If your bed is older than 8 years, consider obtaining a new one. Consider cervical supports or pillows, if medical conditions warrant their use.

REDUCE OR STOP SMOKING

The nicotine found in cigarettes is a stronger stimulant than caffeine. Studies have shown that smokers who break their habit have dramatic improvements in sleep.

DON'T DRINK ALCOHOL OR ONLY DRINK IN MODERATION

Even moderate drinking can suppress REM sleep and deep sleep, and results in fragmented, unrefreshing sleep. If you do drink alcohol, have it at least 4-6 hours before bedtime.

GET QUALITY SLEEP, NOT JUST QUANTITY

The normal range of total sleep at night is from 6-10 hours, depending on the individual. Maintaining a sleep diary, as directed by your sleep doctor, can determine how much sleep you really need to feel refreshed. Too much sleep can be just as bad as not enough.

SET ASIDE A 'WORRY TIME'

Try to resolve problems fairly early in the evening, before going to bed. If distractions follow you to bed, tell yourself to deal with them during the next day's 'worry time'. Psychological stress may result from job insecurities, deadlines and competency testing. Marital conflict may be another source of stress. Do not attempt to solve these or other stress problems just before going to bed. Look for ways to handle them during your 'worry time' the next day.

Denton Sleep Disorders Laboratory
3200 Colorado Blvd, Suite 200 * Denton, TX 76210
Phone: (940) 381-0971 / Fax: (940) 463-8128

Cooke County Sleep Disorders Laboratory
406 N. Grand Ave, Suite 111 * Gainesville, TX 76240
Phone: (940) 580-3317 / Fax: (940) 463-8128

DON'T GO TO BED STUFFED OR STARVED

Avoid late night meals. Avoid snacks that may cause gas, such as peanuts, beans or raw vegetables. If you are dieting, don't go to bed hungry. Eat a low calorie snack, such as an apple or banana.

AVOID NAPPING

Don't take naps during the daytime, particularly if you have trouble falling asleep at night. Prolonged naps, especially 8-12 hours after awakening can disrupt your biologic sleep rhythm.

GET A SLEEP RITUAL

Perform techniques to relax before going to bed on a routine basis. These may include gentle stretching, listening to quiet music or reading books or magazines. A warm bath or warm drink within 2 hours of sleep may also be helpful. Whatever method you decide on, be sure to follow the ritual each night until it becomes a cue for your body to settle down.

USE YOUR BEDROOM FOR SLEEP ONLY

Avoid arousing stimuli. Try to avoid activities in your bedroom, such as watching TV, reading or eating in bed. Staring at an alarm clock can only serve to keep you awake. Sexual activity can be arousing or sedating. If arousing, consider a time other than the hour preceding your major sleep period.

AVOID EXPOSURE TO BRIGHT LIGHT AT NIGHT

If you have to get up at night, try to use subdued lighting. Exposure to bright lights is arousing and may interfere with your ability to fall asleep later on.

GET EXPOSURE TO SUNLIGHT

Try to get at least 30 minutes of sunlight within the first hour of awakening from your major sleep period. This will help you set your biologic sleep rhythm.

Denton Sleep Disorders Laboratory
3200 Colorado Blvd, Suite 200 * Denton, TX 76210
Phone: (940) 381-0971 / Fax: (940) 463-8128

Cooke County Sleep Disorders Laboratory
406 N. Grand Ave, Suite 111 * Gainesville, TX 76240
Phone: (940) 580-3317 / Fax: (940) 463-8128

PATIENT REGISTRATION

Name: _____ DOB: _____ SS#: _____

Address: _____ City: _____ State: _____ Zip: _____

Primary Phone: _____ Secondary Phone: _____

Marital Status: S M W Sep D Email: _____ Height: _____ Weight: _____
Ethnicity: □Hispanic/Latino □Not Hispanic/Latino □Prefer not to answer
Race: □White □Black □American Indian □Other □Prefer not to answer

Primary Care Physician: _____ Referring Physician: _____

Emergency Contact: _____ Phone: _____ Relationship: _____

Patient Employer Information

Employer Name: _____ Phone: _____

Address: _____ City: _____ State: _____

Occupation: _____

Insured Person (if not the patient)

Name: _____ DOB: _____ Relation: _____

Employer Name: _____ Phone: _____

Address: _____ City: _____ State: _____

Insurance

Primary Insurance: _____ Phone: _____

ID#: _____ Group: _____

Secondary Insurance: _____ Phone: _____

ID#: _____ Group: _____

Medical Information Release and Assignment of Benefits
I authorize the release of any medical information necessary to process this claim. I permit a copy of the authorization to be used in place of the original.

Signature: _____ Date: _____

I hereby authorize Dr. Mukesh Saraiya to apply for benefits on my behalf for covered services rendered by him or his order. I request that payment from my insurance company/companies be made directly to Mukesh Saraiya, MD (or the party who accepts assignment).

I certify that the information I have reported with regard to my insurance coverage is correct.

I permit a copy of this authorization to be used in place of the original. Either my insurance company or myself may revoke at this authorization at anytime, in writing.

Signature: _____ Date: _____

Denton Sleep Disorders Laboratory
3200 Colorado Blvd, Suite 200 * Denton, TX 76210
Phone: (940) 381-0971 / Fax: (940) 463-8128

Cooke County Sleep Disorders Laboratory
406 N. Grand Ave, Suite 111 * Gainesville, TX 76240
Phone: (940) 580-3317 / Fax: (940) 463-8128

MEDICAL EQUIPMENT REQUEST FORM

Following your sleep study, the results of your study will be reviewed and final results should be returned to us within 7-10 business days. If you test positive for sleep apnea, there will be equipment that will need to be ordered for you. If you have a preference on which provider you would like to use, please list that information below. Otherwise, we will direct your orders to an equipment provider who has a contact with your insurance carrier.

☐ **I would like any orders for equipment to be sent to the following company:**

Company: _____

Phone: _____

☐ **I have no preference. Please send my order to a company that is preferred by my insurance company.**

Denton Sleep Disorders Laboratory
3200 Colorado Blvd, Suite 200 * Denton, TX 76210
Phone: (940) 381-0971 / Fax: (940) 463-8128

Cooke County Sleep Disorders Laboratory
406 N. Grand Ave, Suite 111 * Gainesville, TX 76240
Phone: (940) 580-3317 / Fax: (940) 463-8128

SLEEP HISTORY QUESTIONNAIRE

The following questionnaire aids in the determination of the possible presence of a sleep disorder. Therefore, this document becomes part of your medical records and is completely CONFIDENTIAL. Only the healthcare professionals involved in the diagnostic testing and in the interpretation of the questionnaire and raw sleep study data will have access to this information. Any other persons requesting this or any other information regarding test results or related information must obtain written permission from the patient before such information can be released. Some of the questions in this form may appear to be repetitive but it is essential that you fill out each question as fully and accurately as possible.

PATIENT OBSERVATION

In as much detail as possible, please describe the problem(s) you are having: _____

_____

_____

_____

_____

Are you currently on home oxygen? Yes □ No □ If yes, do you use it: sleeping □ continuously □

Have you had a sleep problem diagnosed before? Yes □ No □

(IF YES, PLEASE ANSWER THE FOLLOWING QUESTIONS:)

When/where was your study performed? _____

What was the diagnosis? _____

Currently use PAP therapy? Yes □ No □ If yes, at what pressure(s)? _____

How do you describe your sleep problem (check all that apply)?

- **□ Waking up repeatedly throughout the night**
- **□ Waking up far too early in the morning**
- **□ Waking tired, after a full night's sleep**
- **□ Feeling excessively sleepy during the day**
- **□ Falling asleep during the day**
- **□ Near miss accidents due to falling sleep while driving**
- **□ Difficulty falling asleep**
- **□ I snore**
- **□ I stop breathing while asleep**
- **□ Waking up choking/gasping for air**
- **□ Moving my legs when falling asleep**
- **□ I move my legs while asleep**

How often do you experience these symptoms?

□ Almost every night □ For periods of at least a week □ Irregularly

How long have these symptoms bothered you?

- **□ About a month**
- **□ About 6 months**
- **□ About a year**
- **□ 1-2 years**
- **□ 3-5 years**
- **□ More than 5 years**

Denton Sleep Disorders Laboratory
3200 Colorado Blvd, Suite 200 * Denton, TX 76210
Phone: (940) 381-0971 / Fax: (940) 463-8128

Cooke County Sleep Disorders Laboratory
406 N. Grand Ave, Suite 111 * Gainesville, TX 76240
Phone: (940) 580-3317 / Fax: (940) 463-8128

How would you rate the severity of your symptoms?

□ Not upsetting □ Mildly upsetting □ Moderately upsetting
□ Very upsetting □ Totally incapacitating

How strongly do you want to correct these symptoms?

□ Don't need to correct it □ Would like to correct it □ Can't continue with it

Do you still have your tonsils? Yes □ No □ **Have you ever broken your nose? Yes □ No □**

Do you usually (check all that apply):

□ Sleep with someone else in your bed □ Sleep alone
□ Provide assistance to others during the night (child, partner, invalid, pets, etc)

What do you do during the day? □ Work □ Go to school □ Retired □ Other: _____

Are your daytime activities: □ Always the same hours □ Rotating shifts □ Other: _____

Do you maintain a regular and consistent sleep schedule? Yes □ No □

Do you have a family history for any of the following:

□ Obstructive sleep apnea	**□ Father**	**□ Mother**	**□ Sibling**
□ Insomnia	**□ Father**	**□ Mother**	**□ Sibling**
□ Narcolepsy	**□ Father**	**□ Mother**	**□ Sibling**
□ Other sleep disorder(s)	**□ Father**	**□ Mother**	**□ Sibling**

Do you experience any of the following symptoms (check all that apply)?

□ I suffer from insomnia
□ I have difficulty falling asleep
□ My sleep is restless
□ I snore
□ I waking up gasping for air
□ I wake up with a dry mouth/sore throat
□ I fall asleep during the day
□ I have fallen asleep while driving
□ Parts of my body jerk while I sleep
□ I experience leg pain during the night
□ I move excessively at night
□ I have vivid dream-like scenes when waking/falling asleep
□ I feel unable to move when waking or going to sleep
□ I have difficulty concentrating
□ I have problems remembering things
□ I grind my teeth while asleep
□ I having morning headaches
□ I notice irregular heart pounding at night
□ I wake up with heartburn
□ I wake up at night due to pain
□ I take sedatives/sleep medication
□ I use drugs
□ I am an alcoholic

Denton Sleep Disorders Laboratory
3200 Colorado Blvd, Suite 200 * Denton, TX 76210
Phone: (940) 381-0971 / Fax: (940) 463-8128

Cooke County Sleep Disorders Laboratory
406 N. Grand Ave, Suite 111 * Gainesville, TX 76240
Phone: (940) 580-3317 / Fax: (940) 463-8128

CURRENT MEDICAL CONDITIONS

Please list any diagnosed medical conditions that you are currently receiving care from a physician. If needed, please use the other side of this form or attach extra documentation with your paperwork.

Medical Condition/Problem	Course of Treatment (medicine, surgery, etc)

CURRENT MEDICATION INFORMATION

Please list <u>any</u> medications you have taken within the past 72-hours. If needed, please use the other side of this form or attach extra documentation with your paperwork. If you take the medication daily, you can list 'daily' for date.

Medication	Reason	Dose	Date	Time

Patient Initials: _____ DOB: _____ Date: _____

Denton Sleep Disorders Laboratory
3200 Colorado Blvd, Suite 200 * Denton, TX 76210
Phone: (940) 381-0971 / Fax: (940) 463-8128

Cooke County Sleep Disorders Laboratory
406 N. Grand Ave, Suite 111 * Gainesville, TX 76240
Phone: (940) 580-3317 / Fax: (940) 463-8128

EPWORTH SCALE

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 some of the things recently, try to work out how they would have affected you.

USE THE FOLLOWING SCALE TO ENTER THE MOST APPROPRIATE NUMBER FOR EACH SITUATION.

0=Never doze 1=Slight change of dozing 2=Moderate change of dozing 3=High chance of dozing

SITUATION	CHANCE OF DOZING
Sitting and reading	
Watching TV	
Sitting, inactive in a public place (theater)	
As a passenger in a car, for an hour without a break	
Lying down to rest in the afternoon, when circumstances permit	
Sitting and talking to someone	
Sitting quietly after lunch, without alcohol	
In a car, while stopped for a few minutes in traffic	

TOTAL SCORE _____

ADDITIONAL COMMENTS

Please feel free to list any additional information, comments or concerns you may have regarding your sleep issues.

Denton Sleep Disorders Laboratory
3200 Colorado Blvd, Suite 200 * Denton, TX 76210
Phone: (940) 381-0971 / Fax: (940) 463-8128

Cooke County Sleep Disorders Laboratory
406 N. Grand Ave, Suite 111 * Gainesville, TX 76240
Phone: (940) 580-3317 / Fax: (940) 463-8128

BEDTIME QUESTIONNAIRE

****PLEASE COMPLETE THE FOLLOWING SECTION THE NIGHT OF YOUR STUDY****
If the answers in this section do not apply to you, please write in 'N/A' for the answer.

What time did you go to bed last night? _____ a.m. / p.m.

How long does it take you to fall sleep at night? _____ minutes

What time did you wake up this morning? _____ a.m. / p.m.

What time did you actually get out of bed? _____ a.m. / p.m.

How many times did you wake up last night? _____ times

On average, how long were you awake each time? _____ minutes

How does the amount of sleep you got last night compare to an average night's sleep?
□ Less than average □ About the same □ More than average

Did you take any naps today? □ Yes □ No If yes, how many / how long? _____

What time was your last nap? _____ a.m. / p.m.

When did you last eat? _____ a.m. / p.m. Was this a snack or a meal? ? □ Meal □ Snack

Did you have any caffeinated beverages today (coffee, tea, energy drinks, etc)? □ Yes □ No

If yes, how many ounces? _____ ounces

What time was your last drink? _____ a.m. / p.m.

Did you have any alcoholic beverages today? □ Yes □ No

If yes, how many ounces? _____ ounces

What time was your last drink? _____ a.m. / p.m.

Choose the statement below that best describes the way you feel right now:

□ I feel active and vital; wide awake

□ Functioning at a high level, but not at peak; able to concentrate

□ Relaxed and awake; not at full alertness / responsiveness

□ A little groggy; not at peak

□ Groggy; starting to lose interest in staying awake

□ Almost in a daydream state; will fall asleep soon

Do you feel like going to bed now? □ Yes □ No

Do you have any physical complaints right now? □ Yes □ No

If yes, please describe: _____

_____

Did anything out of the ordinary happen to you today? □ Yes □ No

If yes, please describe: _____

_____