NAHMG – Sleep / Flagstaff
1895 N Jasper Dr, Ste 3
Flagstaff, AZ 86001
P: 928.226.6430
F: 928.639.6049

NAHMG – Sleep / Cottonwood
1759 E Villa Dr, Ste 313
Cottonwood, AZ 86326
P: 928.639.5095
F: 928.639.6049

Northern Arizona Healthcare

Sleep Study Information

Your sleep study appointment is scheduled for: _____

Your follow up appointment is scheduled for: _____

We are looking forward to having you as our guest in our sleep center.

Please read and complete the attached/included Sleep History Questionnaire.

Cottonwood Address: 1759 E Villa Dr, Cottonwood, AZ 86326

Phone: 928-639-5095

Before your appointment

Please let us know if you have any special needs, particularly special medications, pulmonary treatments, supplemental oxygen, difficulty walking or getting in / out of bed, or using the restroom.

***** If you are not self-sufficient and/or require a caretaker or family member for assistance please inform the lab ASAP so proper arrangements can be made.*****

Polysomnogram (PSG) – Overnight Sleep Study
A PSG is a recording during sleep that uses EEG (brain activity), breathing and other physiologic measures to evaluate sleep disorders. Patients usually come to the laboratory in the evening and stay overnight for continuous monitoring. The study is usually completed around 5:00am to 6:00 am.
The technologist records various information for interpretation by our sleep medicine physician. Sleep studies are utilized to help evaluate patients who experience excessive sleepiness during the day, snoring, high blood pressure as well as other heart and medical conditions. There are many sleep disorders and the most common is sleep apnea, which is repeated interruptions in breathing while asleep.

How to prepare for your sleep study

- **Please complete the included/attached Sleep History Questionnaire and bring with you to your appointment.**
- Please have your hair and skin clean and free of all hairsprays, lotions, and oils.
  - ***One fingernail needs to be free from acrylics and/or nail polish.***
- Try to follow your normal routine – no excessive exercise, stress, eating, etc.
- Avoid caffeine and alcohol after 12 pm on the day of your study.
- Take your regular medication as directed by your physician and **bring all medications that you may need during your stay at the lab.**

What to Bring

- Comfortable, loose-fitting clothing for sleep.
- Your normal nighttime medications.
- Also, feel free to bring a book, magazine, laptop / tablet, or other items that will help you feel comfortable while staying away from home.
- Pack your favorite pillow and/or blanket if you feel this will help you sleep better in the sleep lab.

What to expect when you arrive at the lab

- First, the sleep technologist will show you to your bedroom. You will be able to finish any questionnaires and change into your nightclothes.
- The sleep technologist will explain your procedure in great detail and answer all your questions before they begin.
- The sleep technologist will then apply electrodes to your scalp to record brain waves and elastic belts to monitor your breathing. Other electrodes are used to monitor eye movements, heart rhythms, and leg movements. You will be sleeping alone in the recording room, but monitored by the technologist via closed circuit video.

Following your sleep study

- You will be finished between 5am – 6am in which time you will complete morning questionnaires.
- A sleep center staff physician will review your sleep study and make recommendations for treatment based upon the results of your study.
- **If you have not made a follow-up appointment with our Sleep provider team, please call us at 928.639.5095 to schedule.**

Frequently Asked Questions

Will I have my own room?

Yes, you will have a private bedroom with a television and premium cable channels.

What if I need to use the restroom?

No problem. The wires are all arranged for easy access to the restroom. You will simply call out to your technologist who will promptly respond and disconnect you from the wall connections for you to be able to use the restroom at any point during the night.

If you need assistance getting in/out of bed or while using the restroom, please notify us prior to your study and ASAP as special staffing and scheduling arrangements will need to be made.

What if I need to wake early for work or personal reasons?

If you need to wake early for any reason, please notify your technologist before your test begins. We need to record at least 6 hours for a complete sleep study.

What should I bring?

We want your stay with us to be as comfortable as a night in your own bedroom. Bring comfortable, loose-fitting clothing to sleep in and your normal nighttime medications. You are also welcome to bring a book, magazine, laptop / tablet, pillow, blanket, or other items that will help you feel comfortable while staying away from home.

In addition, please remember to bring your completed Sleep History Questionnaire.

Do I take my medications?

Take all of your regular medications on the day of your study unless otherwise specified by your physician. Please remember to bring any medications that you usually take before bedtime or when you wake up in the morning. We are an outpatient facility and do not have access to medications.

Can I bring a drink or snack?

Please eat dinner before you arrive for your sleep study. However, you may bring your own snacks to keep in the bedroom with you.

How does a sleep study work?

Once it is time to begin the study, you will be hooked up to approximately 20 small wires, which are held in place with tape and other adhesives. This takes approximately 30 minutes. All of these sensors help to measure your brain activity, heart rate/rhythm, breathing patterns, snoring, oxygen levels, and leg movements. This is a non-invasive procedure, and no needles are used in this process. The sensors are attached using all hypoallergenic medical tape and water-soluble paste.

Will I be able to sleep with all those wires on me?

Most patients say that once all the wires are on, they forget about them and have very little trouble sleeping. The wires are very small and organized. You have full range of motion in your bed and are able to sleep in all positions.

Do I have to sleep on my back?

You are able to sleep in any position that is comfortable for you. It is helpful for the physician to make an accurate diagnosis to see how your body responds to sleeping in several positions (on your side and on your back) so you may be asked to try to change positions at some point during the night.

Do I have to go to bed that early?

We want to simulate your normal bedtime routine as much as possible. Upon your arrival to the sleep lab, there is time for you to complete the check-in process, relax, and get set up for the sleep study. Most sleep studies begin with lights off between 9:00 and 11:00pm.

Can my spouse/friend/family come?

Your friends and family members are asked to remain home as this is a sensitive test that can have skewed results if interrupted during the night.

However, we do allow a patient to have someone stay with them if it is deemed medically necessary by the Sleep Clinic Staff.

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SLEEP MEDICINE HISTORY FORM

Name: _____ Today's date: _____

DOB: _____ **Sex:** ☐ Male | ☐ Female Primary Care Provider: _____

Weight: _____ Height: _____ Collar size (inches): _____

What TIME do you GO TO BED? _____

How long does it take for you to fall asleep? _____

What occurs during that time? _____

Do you frequently wake up in the middle of the night? ☐ Yes | ☐ No

If yes, how many times? _____

What is the reason for waking up? _____

How long does it take to return to sleep? _____

What TIME do you WAKE UP in the morning? _____

Do you feel REFRESHED UPON WAKING UP? ☐ Yes | ☐ No

Do you take any:

Scheduled / planned naps? ☐ Yes | ☐ No

If yes, how long? _____

Unscheduled / unplanned naps? ☐ Yes | ☐ No

When driving? ☐ Yes | ☐ No

When inactive? ☐ Yes | ☐ No

In conversations? ☐ Yes | ☐ No

If YES, do you feel refreshed after naps? ☐ Yes | ☐ No

Any change in sleep schedule on your DAYS OFF? ☐ Yes | ☐ No

Have you had any change in weight in the past 3 years? ☐ Yes | ☐ No

Gained? / How much? _____

Lost? / How much? _____

What sleep position do you prefer? ☐ Side | ☐ Back | ☐ Stomach

How many hours do you sleep on average in 24 hours? _____

SLEEP APNEA SYMTPOMS:

Has anyone told you that you SNORE? ☐ Yes | ☐ No

If yes, how loud? ☐ Mild | ☐ Mod | ☐ Loud | ☐ Very Loud

Has anyone seen you STOP BREATHING? ☐ Yes | ☐ No

Do you have pauses in breathing when you sleep?	☐ Yes | ☐ No	
Do you wake up from sleep with:		
	Choking?	☐ Yes | ☐ No
	Gagging?	☐ Yes | ☐ No
	Racing heart?	☐ Yes | ☐ No
Has anyone told you that you are make gasping noises?	☐ Yes | ☐ No	
Do you wake up with a DRY MOUTH?	☐ Yes | ☐ No	
Do you wake up with a HEADACHE?	☐ Yes | ☐ No	
Do you drool on the PILLOW?	☐ Yes | ☐ No	
Do you SWEAT a lot when sleeping?	☐ Yes | ☐ No	
Do you feel TIRED during the day?	☐ Yes | ☐ No	
	If yes, please describe?	☐ Mild | ☐ Moderate | ☐ Severe

RESTLESS LEGS SYMTPOMS:

Do you have UNCOMFORTABLE SENSATIONS in your legs before bedtime?	☐ Yes | ☐ No	
	If YES, please describe them?	_____
Do you have any of the following during sleep?		
	SLEEPWALKING	☐ Yes | ☐ No
	SLEEP TALKING	☐ Yes | ☐ No
	NIGHTMARES	☐ Yes | ☐ No
	ACTING OUT DREAMS	☐ Yes | ☐ No
Do you have ever been told that you yell, scream, flail your arms, fall out of bed or kick your partner while asleep?	☐ Yes | ☐ No	
	If YES, please explain	_____

SLEEP HYGIENE:

Do you do any of these activities in your bedroom:		
	Watch TV?	☐ Yes | ☐ No
	Eat?	☐ Yes | ☐ No
	Read?	☐ Yes | ☐ No
Do you drink coffee / caffeinated beverages?	☐ Never | ☐ Occasionally | ☐ Moderately	
SMOKING	☐ Never | ☐ Former | ☐ Current	
Do you drink ALCOHOL?	☐ Never | ☐ Occasionally | ☐ Moderately	
Do you use illicit drugs?	☐ Yes | ☐ No / Type: _____	
Is your bedroom usually quiet, dark and a comfortable temp?	☐ Yes | ☐ No	
Do you sleep ALONE or SHARE your bed with a partner?	☐ Sleep alone | ☐ Share with partner	
Any PETS?	☐ Yes | ☐ No	
	If yes, do the pets sleep in your bed?	☐ Yes | ☐ No
Do you sleep better at home?	☐ Yes | ☐ No	
Do you sleep better outside of your home (hotels, etc…)?	☐ Yes | ☐ No	

MISCELLANEOUS:

When FALLING ASLEEP or WAKING UP:

Do you SEE or HEAR things?	☐ Yes | ☐ No
If yes, please describe:	_____
Do you ever FEEL PARALYZED?	☐ Yes | ☐ No
Do you ever feel SUDDEN MUSCLE WEAKNESS?	☐ Yes | ☐ No

FAMILY HISTORY:

Does anyone in your family have sleep apnea? ☐ Yes | ☐ No

If yes, in what relation to you? _____

DRUG ALLERGIES:

Do you have any known drug allergies? ☐ Yes | ☐ No

If yes, please list medication and reaction below:

Drug name: _____ Reaction: _____

Drug name: _____ Reaction: _____

Drug name: _____ Reaction: _____

Drug name: _____ Reaction: _____

CURRENT MEDICATIONS:

Please list all of your current medications

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever had a SLEEP STUDY before? ☐ Yes | ☐ No

Do you use oxygen or any devices at night? ☐ Yes | ☐ No

If yes, which do you use?

☐ Oxygen | ☐ CPAP | ☐ BIPAP | ☐ ASV | ☐ MAD oral appliance | ☐ Bite guard

SURGERIES:

Please list all of your surgeries:

_____	_____	_____
_____	_____	_____
_____	_____	_____

PAST MEDICAL HISTORY:

Please check any of the following that apply:

☐ Hypertension (high blood pressure)	☐ Nasal allergies / congestion	☐ Thyroid disease
☐ Heart attack	☐ Congestive heart failure	☐ Diabetes

☐ Cardiac arrhymias	☐ Stroke / TIA	☐ Heartburn / reflux
☐ Atrial fibrillation	☐ Pulmonary hypertension	☐ Lung problems / COPD / Asthma
☐ Fibromyalgia	☐ Menopause	☐ Anemia / iron deficiency
☐ Parkinson's disease	☐ Cancer	☐ Seizures
☐ Arthritis	☐ Autoimmune disease	☐ Broken nose
☐ Depression / anxiety / bipolar	☐ End stage kidney disease / dialysis	☐ Head injury
☐ Difficulty controlling blood pressure	☐ Difficulty controlling blood sugar	☐ Chronic pain / reason

REVIEW OF SYMPTOMS:

Please check any symptoms that you frequently experience:

ENT:

☐ Ear pain	☐ Frequent nosebleeds	☐ Sore throat
☐ Hearing loss	☐ Hoarseness lasting more than 2 weeks	☐ Nasal discharge
☐ Nasal congestion		

Heart:

☐ Passing out	☐ Chest pain, tightness, or pressure	☐ Irregular heartbeat
☐ Palpitations	☐ Swellings of feet / ankles	

Resp:

☐ Shortness of breath	☐ Frequent cough for more than 2 weeks	☐ Wheezing

GI:

☐ Abdominal pain	☐ Difficulty swallowing / food "sticking"	☐ Frequent heartburn / indigestion
☐ Constipation	☐ Diarrhea	☐ Nausea
☐ Vomiting		

MSK:

☐ Joint pain	☐ Joint swelling	☐ Joint stiffness
☐ Limb pain	☐ Limb swelling	☐ Muscle pain
☐ Back pain		

Neuro:

☐ Frequent headaches	☐ Seizures	☐ Numbness / tingling
☐ Weakness	☐ Ringing in ear(s)	

Behav:

☐ Anxiety	☐ Change in personality	☐ Sleep disturbance
☐ Depression		

Hema:

☐ Swollen glands	☐ Easy bleeding	☐ Easy bruising

GU:

☐ Nocturia	☐ Incontinence	☐ Sexual dysfunction / loss of libido

NORTHERN ARIZONA HEALTHCARE

EPWORTH SLEEPINESS SCALE FORM

NAME _____ DOB _____ DATE _____

The test is a list of eight situations in which you rate your tendency to become sleepy

Instructions: Be as truthful as possible.

Write down the number corresponding to your choice in the right-hand column. Total your score below.

No chance of dozing =0

Slight chance of dozing =1

Moderate chance of dozing =2

High chance of dozing =3

SITUATION	CHANCE OF DOZING
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 to rest in the afternoon when circumstances permit	
Sitting and talking to someone	
Sitting quietly after a lunch without alcohol	
In a car, while stopped for a few minutes in traffic	

Total Score = _____

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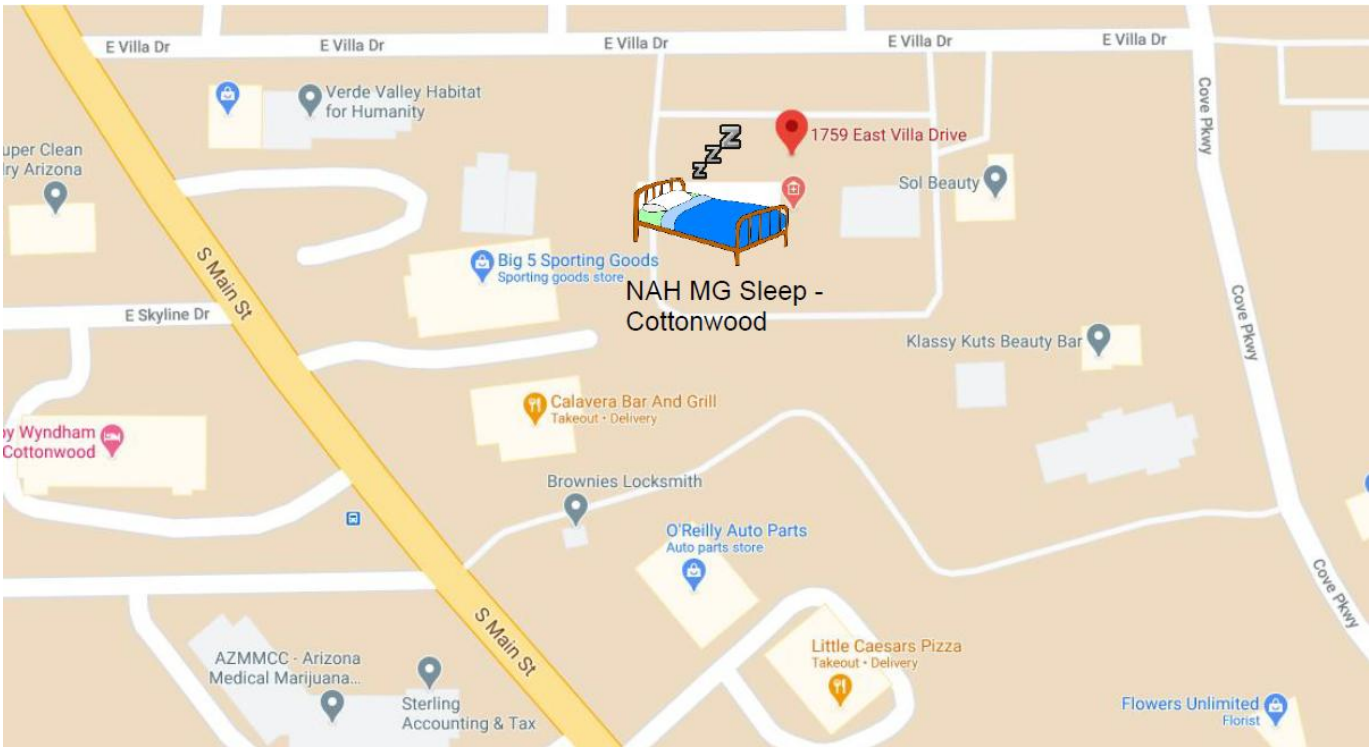

From Sedona and North via AZ-89A:

Head south on AZ-89A. Turn Right after Taco Bell (on the right) onto Cove Pkwy. Turn left onto Villa Dr. 1759 E. Villa Dr. is on the left side.

From Prescott and West via AZ-69

Head east on AZ-69 S/E State Rte. 69. Turn left on AZ-169 N. Turn left to merge onto I-17 N toward Flagstaff. Take exit 287 for AZ-260 toward AZ-89A/Cottonwood/Payson. Use left 2 lanes to turn left onto AZ-260 W/Finnie Flat Rd (signs for AZ-89A/Cottonwood/Jerome. Continue to follow AZ-260 W continuing straight through seven traffic circles to stay on AZ-260 W. Continue straight onto Cove Pkwy. Turn left onto Villa Dr. 1759 E. Villa Dr. is on the left side.

From Camp Verde and East via AZ-260

Head west on AZ-260 W. Continue straight through seven traffic circles to stay on AZ-260 W. Continue straight onto Cove Pkwy. Turn left onto Villa Dr. 1759 E. Villa Dr. is on the left side.

From North or South via I-17

Take exit 287 for AZ-260 toward AZ-89A/Cottonwood/Payson. Follow signs west from the I-17 toward Cottonwood/Jerome. Continue to follow AZ-260 W continuing straight through seven traffic circles to stay on AZ-260 W. Continue straight onto Cove Pkwy. Turn left onto Villa Dr. 1759 E. Villa Dr. is on the left side.