

McLaren Print System Order

Order No: 43382
Order Date: 2019-03-06
User: Andrea Bennett
Phone: 342-3900

Ship Location: McLaren Flint Beechill Ctr
G3200 Beecher Rd
Flint, MI 48532

Forms

Quantity: 500
Paragon Dept No: 36110
Dept Name: Sleep Center
Company Number: 60

Order Total Price: 0.00

Item Number: M-17105
Item Description: Patient Post-Sleep Study Questionnaire
Revision Date: 3/2012
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish:
Drill: None
Misc Info:

McLAREN FLINT
SLEEP DIAGNOSTIC CENTER
PATIENT POST SLEEP STUDY QUESTIONNAIRE

Name: _____ Date: ____/____/____

- How long did it take you to fall asleep last night?
 Immediately Five minutes Hours Did not fall asleep
 Please list any medications taken to help you sleep last night: _____
 Type _____ Time _____
 - How does this compare to the time it usually takes you to fall asleep?
 Same Shorter time Longer time
 - How long do you believe you slept throughout the night? _____
 - How does this compare to the amount of sleep you normally get?
 Same Less than normal More than normal
 - How much do you remember dreaming?
 Not at all Less than usual More than usual
 - Did you experience any unusual muscle sensations or movements, sights or sounds? No Yes
 If yes, please explain: _____

 - If you experienced any pain or discomfort during the study or are in pain now, please explain: _____

 - How did you feel immediately after you woke up?
 Sleepy Physically fatigued but not sleepy Somewhat alert Wide awake
 - How did you feel 15 minutes after waking up?
 Sleepy Physically fatigued but not sleepy Somewhat alert Wide awake
 - In general, how did you sleep?
 Poorly Same as usual Better
- PLEASE ANSWER QUESTIONS 11-13 IF YOU USED CPAP/BIPAP.
- How did you tolerate the mask and pressure? Poorly Well Very well
 - Do you feel rested? Yes No
 - How did you sleep with CPAP? Better Same as usual Worse

Spec Info: any problems you had with the CPAP therapy: _____

COMMENTS/SUGGESTIONS: _____

PATIENT POST-SLEEP
STUDY QUESTIONNAIRE
M-17105-001



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