

McLaren Print System Order

Order No: 44388
Order Date: 2019-04-10
User: Shelbi Grant
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Ship Location: McLaren Clarkston- Sleep Center Suite 355 Attn: Shelbi
5701 Bow Pointe Dr Suite 355
Clarkston, Michigan 48346

Forms

Quantity: 500
Paragon Dept No: 8300
Dept Name: McLaren Sleep Center
Company Number: 310

Order Total Price: 0.00

Item Number: MO-17030
Item Description: Patient Pre-Sleep Study Questionnaire
Revision Date: 4/2017
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish:
Drill: None
Misc Info:

McLAREN (OAKLAND)
SLEEP DIAGNOSTIC CENTER
PATIENT PRE-SLEEP STUDY QUESTIONNAIRE

Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

1. Have you had any of the following during the last 24 hours? (for type, amount and time)
Alcohol  Yes  No Amount: \_\_\_\_\_ ml \_\_\_\_\_ a.m./p.m.
Coffee/Tea  Yes  No Amount: \_\_\_\_\_ ml \_\_\_\_\_ a.m./p.m.
Chocolate  Yes  No Amount: \_\_\_\_\_ ml \_\_\_\_\_ a.m./p.m.
Medication that you don't take daily Type: \_\_\_\_\_ ml \_\_\_\_\_ a.m./p.m.

2. Was last night's sleep typical for you regarding total sleep time, awakenings and quality?  Yes  No
Please explain: \_\_\_\_\_

3. Did you nap today?  Yes  No For how long: \_\_\_\_\_

4. How stressful was your day?  Not at all  A little stressful  Very stressful

5. How does this compare with a usual day for you?  Less stressful  The same  More stressful

6. How nervous are you about this study?  Not at all  Slightly nervous  Very nervous

7. How do you feel right now?
Physically fatigued:  Not at all  A little  Quite a bit  Extremely
Sleepy:  Not at all  A little  Quite a bit  Extremely
Alert:  Not at all  A little  Quite a bit  Extremely

8. Who recognized your sleep problem?  Self  Bed partner  Physician  Other: \_\_\_\_\_

9. Are you currently experiencing any pain or discomfort?  Yes  No
If yes, explain: \_\_\_\_\_

10. What is your normal bedtime? \_\_\_\_\_ a.m./p.m.

11. Wake times begin around 6:00 am, is there a specific time you need to be awakened?
 Yes Time requested: \_\_\_\_\_ a.m./p.m.

Spec Info: all within the last 3 months?  Yes  No

12. Are you confused/disoriented?  Yes  No

13. Do you use an assistive device (walker or cane)?  Yes  No

PATIENT
PRE-SLEEP STUDY
QUESTIONNAIRE
04/19/2017

Form with fields for patient information and a signature line.