

McLaren Print System Order

Order No: 51218
Order Date: 2019-12-26
User: Bill Bader
Phone: 2489226840

Ship Location: McLaren Clarkston Sleep Center, Suite 355
5701 Bow Pointe Dr Suite 355
Clarkston, MI 48346

Forms

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

Order Total Price: 0.00

Item Number: MO-17105-C
Item Description: Patient Post-Sleep Study Questionnaire
Revision Date: 9/2014
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish:
Drill: None
Misc Info:

McLaren Clarkston
Clarkston Michigan
SLEEP DIAGNOSTIC CENTER
PATIENT POST SLEEP STUDY QUESTIONNAIRE
Name: _____ Date: ____/____/____
1. How long did it take you to fall asleep last night?
2. How does this compare to the time it usually takes you to fall asleep?
3. How long do you believe you slept throughout the night?
4. How does this compare to the amount of sleep you normally get?
5. How much do you remember dreaming?
6. Did you experience any unusual muscle sensations or movements, sights or sounds?
7. If you experienced any pain or discomfort during the study or are in pain now, please explain.
8. How did you feel immediately after you woke up?
9. How did you feel 15 minutes after waking up?
10. In general, how did you sleep?
PLEASE ANSWER QUESTIONS 11-14 IF YOU USED CPAP/BIPAP
11. How did you tolerate the mask and pressure?
12. Do you feel rested?
13. How did you sleep with CPAP?
14. Any problems you had with the CPAP therapy

Spec Info: any problems you had with the CPAP therapy

COMMENTS/SUGGESTIONS:

