

**McLaren Print System Order**

**Order No: 7069**  
**Order Date: 2014-11-11**  
**User: Janice Ashley**  
**Phone: 810-342-3900**

**Ship Location: SLEEP CENTER/ JANICE ASHLEY**  
**g-3200 Beecher Rd Suite ZZZ**  
**Flint, MI 48532**

**Forms**

**Quantity: 500**  
**Paragon Dept No: 36110**  
**Dept Name: SLEEP DIAGNOSTIC 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 FLIGHT  
SLEEP DIAGNOSTIC CENTER  
PATIENT POST SLEEP STUDY QUESTIONNAIRE**

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

1. 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: \_\_\_\_\_
2. How does this compare to the time it usually takes you to fall asleep?  
 Same  Shorter time  Longer time
3. How long do you believe you slept throughout the night? \_\_\_\_\_
4. How does this compare to the amount of sleep you normally get?  
 Same  Less than normal  More than normal
5. How much do you remember dreaming?  
 Not at all  Less than usual  More than usual
6. Did you experience any unusual muscle sensations or movements, sights or sounds?  No  Yes  
If yes, please explain: \_\_\_\_\_
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?  
 Sleepy  Physically fatigued but not sleepy  Somewhat alert  Wide awake
9. How did you feel 15 minutes after waking up?  
 Sleepy  Physically fatigued but not sleepy  Somewhat alert  Wide awake
10. In general, how did you sleep?  
 Poorly  Same as usual  Better

**PLEASE ANSWER QUESTIONS 11-14 IF YOU USED CPAP/BIPAP.**

11. How did you tolerate the mask and pressure?  Poorly  Well  Very well
12. Do you feel rested?  Yes  No
13. How did you sleep with CPAP?  Better  Same as usual  Worse
14. Please explain any problems you had with the CPAP therapy: \_\_\_\_\_

**COMMENTS/SUGGESTIONS:** \_\_\_\_\_

**PATIENT POST-SLEEP  
STUDY STUDY QUESTIONNAIRE**  
M-17105-001



4156

01  
0000  
01