For bookings or enquiries contact our sleep scientists on P:08 6298 8314 E: reception@sleepaustralia.com.au

What happens after my sleep study?

Following your study, your results will be analysed and forwarded to the sleep physician for ongoing treatment recommendations. Our Sleep Scientists will contact you within one week of your study date to discuss your study results.

A copy of your results will also be sent to your referring GP or specialist.

Good Morning

Please complete this questionnaire and bring it with you to your return appointment.

1. What time did you go to bed? _____

2. Did you read or watch TV in bed? _____

3. What time did you turn out the lights?_____

4. What time did you get up this morning? _____

5. How long did it take you to fall asleep compared to a normal night? (Please circle)

Much longer Longer Same Shorter Much shorter

6. How did you sleep compared to a normal night?

Much Better Better Same Worse Much Worse

7. How did you feel when you got up?

Alert & Refreshed Awake not Alert

Awake not Refreshed Sleepy

8. Additional Comments:_____

_____

_____

_____

Monitor Return Appointment

Time:_____ Date: _____

Sleep AUSTRALIA

Provent Sleep Study Diary

Name: _____ DOB: _____

Height: _____cm Weight:_____kg

BP at Set up: ____/____ HR ____ Time ____:____

BP at Return: ____/____ HR ____ Time ____:____

Weeks on Provent: _____

Improvement in daytime symptoms with Provent? Y/ N

Comments: _____

_____

Date Monitor On: _____ Tech: _____

Sleep Study Dos and Don'ts

Do: Follow your normal bedtime routine.
Complete your pre and post study questionnaire.

Don't: Get the monitor wet.
Remove the monitor prior to your wake-up time.
Open the recorder for any reason

Before you go to bed

1. Was today unusual in anyway? If yes, please describe: _____

_____

2. Please list any prescribed medications: _____

_____

3. Did you take a nap today? Yes or No What time?_____ Length of nap?_____

4. Have you had any of the following? (Please circle all that apply)

Recent Eye Surgery Recent Stroke Recent Heart Attack Recent Pneumothorax

Recent Thoracic/Abdominal Surgery Pulmonary Hypertension

5. Did you have any caffeine today? Yes or No

What type (ie: tea, coffee, energy drinks, chocolate, etc) & how much?_____

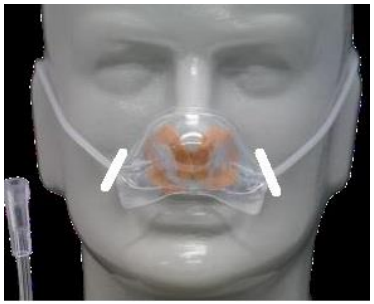
6. Did you have any alcohol today? Yes or No What type & how much?_____

7. Are you experiencing any pain or discomfort at present? If yes, please describe _____

_____

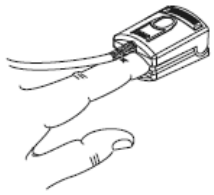
Before you turn off the lights …

Is your Provent cannula attached like so?



Is your oxygen probe taped to your finger like so?

Wrap style SpO_2 sensor



Clip style SpO_2 sensor

You are ready to go to bed. Sweet Dreams!

Your Next Appointment is:

Date: _____

Time: _____

Locations: _____

Sleep Australia

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