



Trinity Health Livingston
Sleep Disorders Center
620 Byron Road
Howell, MI 48843
Office: 517-545-6690
Fax: 517-545-6692

PLUE Sticker

Maintenance for Wakefulness Testing (MWT)

Dear _____ ,

Your Maintenance for Wakefulness Testing (MWT) will begin on the morning of _____ at 7 a.m. and will end at 5 p.m.

ARRIVAL TIME: If you are not able to arrive at 7 a.m. or unable to report as scheduled please notify the Sleep Disorders Staff within 48 hours by calling 517-545-6690. If you do not notify us, you may be billed \$250.00.

For scheduling changes, please call Central Scheduling at 734-712-1313 Option 2

PLEASE READ THE FOLLOWING CAREFULLY

- 1. LOCATING THE SLEEP CENTER:** The Sleep Disorders Center is located on the campus of Trinity Health Livingston Hospital in Howell . Parking is available in front of the building. Enter the main building and take the elevators next to the pharmacy, up to the third floor, turn left down the hallway and the Sleep Disorders Center is at the end of the hall.
- 2. PRIOR TO TESTING:** Please register for your Maintenance for Wakefulness test by calling 800-676-0437, Monday through Friday between the hours of 8 a.m. and 5 p.m. Be sure to get good nights sleep prior to testing.
- 3. DAY OF TESTING:** Do not drink caffeine or take any stimulants to encourage wakefulness. Urinalysis sampling is required.
- 4. WHAT TO EXPECT:** The Technologist will apply sensors to your head and torso. Four 40 minutes sessions will take place sitting in a recliner with the lights out and you will be asked to stay awake. Please dress comfortably.
- 5. MEALS:** Lunch will be provided.

If you have any questions, please notify the Sleep Disorder Center staff by calling 517-545-6690.

Thank you for allowing Trinity Health Livingston Sleep Disorders Center to provide you with this service.



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Sleep Questionnaire (Page 1)

Fill out completely and bring with you the day of the test.

Name: _____ Date of Birth: _____

Sex: Male Female Height _____ Weight _____ Neck size _____

Check all that apply:

- | | |
|---|---|
| <input type="checkbox"/> I snore or have been told I snore | <input type="checkbox"/> I have memory loss |
| <input type="checkbox"/> I have been told I stop breathing during sleep | <input type="checkbox"/> I have problems with concentration |
| <input type="checkbox"/> I wake up choking, gasping, or short of breath | <input type="checkbox"/> I am a restless sleeper |
| <input type="checkbox"/> I wake myself up with my snoring | <input type="checkbox"/> I kick my legs at night |
| <input type="checkbox"/> I am sleepy during the day | <input type="checkbox"/> I have restless legs syndrome |
| <input type="checkbox"/> I am fatigued throughout the day | <input type="checkbox"/> I have insomnia |
| <input type="checkbox"/> I fall asleep unintentionally during the day | |

How long have you had symptoms that you know of: _____

How does this affect your life and daily activities? _____

What time do you typically go to bed and get up:

Weekdays BEDTIME _____ a.m./p.m. WAKE Time _____ a.m./p.m.

Weekends BEDTIME _____ a.m./p.m. WAKE Time _____ a.m./p.m.

On average, how long do you actually sleep at night? _____ hrs _____ mins

Medical History

- | | | |
|---|---|--|
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Other blood-borne disease |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Prostate problems |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Hepatitis B or C | <input type="checkbox"/> Reflux |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> COPD | <input type="checkbox"/> Kidney problems | <input type="checkbox"/> Stroke/TIA's |
| <input type="checkbox"/> Depression/anxiety | <input type="checkbox"/> Migraine headaches | <input type="checkbox"/> Thyroid problems |
| <input type="checkbox"/> Other (please describe): _____ | | |

Allergies (include latex or tape) _____

List Your Current Medications



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Sleep Questionnaire (Page 2)

Restlessness

- I am a restless sleeper
- I kick or jerk my legs and/or arms during sleep
- I have restlessness, tingling or crawling sensation in my legs or arms
- I am unable to keep my legs still prior to falling to sleep
- I grind my teeth in my sleep

Other Complaints

- When falling asleep or waking up, I sometimes feel paralyzed (unable to move)
- At night my heart pounds, beats rapidly or beats irregularly
- I have a lot of nightmares
- I sleepwalk
- I have seen or heard things that weren't real when waking up or going to sleep
- I get sudden weakness or feel like I will fall when I laugh or get angry

Other Questions

Do you have a regular bed partner? Yes No

On average, how long does it take you to fall asleep at night after you turn out your bedroom lights/
 _____ minutes?

What do you usually do just before turning out the lights and trying to go to sleep (*read, watch TV, bath, etc*)

On average, how often do you wake up during the night? _____

Do you wake up too early, unable to go back to sleep? Yes No

Do you usually awaken to an alarm or spontaneously on your own? _____

Do you nap or go back to bed after getting up? Yes No

If so, how many times per day? _____

Average length of nap? _____ Do you feel more refreshed after the nap? Yes No

Are you bothered by sleepiness during the day? Yes No

Do you feel that you get too much sleep at night? Yes No

Do you feel that you get too little sleep at night? Yes No

Do you usually feel tired during the day? Yes No

If so, why do you think this is so? _____

Social History

Do you smoke? _____ How much? _____ When did you quit? _____

Do you drink alcohol? _____ How often? _____

Do you drink caffeine? _____ How often? _____

Do you use marijuana or other non-prescription drugs? If so, what? _____

- I am a shift worker on rotating shifts
- I am a permanent or long term night shift worker



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Sleep Questionnaire (Page 3)

Family History

Is there any one in your family with a sleep problem? If so, please describe:

Epworth Sleepiness Scale

Use this scale to choose the most appropriate number for each situation:

0 = would never doze **1** = slight chance of dozing **2** = moderate chance of dozing **3** = high chance of dozing

Sitting and reading..... _____

Watching TV _____

Sitting in a public place for example, a theatre or meeting..... _____

As a passenger in a car for an hour without a break..... _____

Lying down to rest in the afternoon _____

Sitting and talking to someone _____

Sitting quietly after lunch (when you have had no alcohol) _____

In a car, while stopped in traffic _____

Total: _____

Please check all that apply:

- I take daytime naps
- I have had auto accidents as a result of falling asleep while driving
- I fight to stay awake while driving
- I have had injuries as a result of falling asleep in the daytime
- Daytime sleepiness is affecting my job or quality of life

Best way to reach you:

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Other Phone: _____

Email Address: _____

I authorize the Trinity Health Sleep Disorders Lab and/or Pulmonary and Critical Care Associates' sleep coordinator to leave results via my phone or email address provided.

Signature _____ Date: _____ Time: _____

Trinity Health Livingston Sleep Disorders Center

620 Byron Road, Howell, MI 48843 | 517-545-6690

on the campus of Trinity Health Livingston

From the North

Take US 23 South to Exit 67 (Highland Road/M-59).
Merge onto MI-59 W/Highland Rd via Exit 67 toward Howell.
Drive approximately 11 miles and make a U-turn onto W/Highland Rd /MI-59.
Turn Right onto Byron Road.
Drive for about ½ mile,
Livingston Hospital will be on your right.

From the South

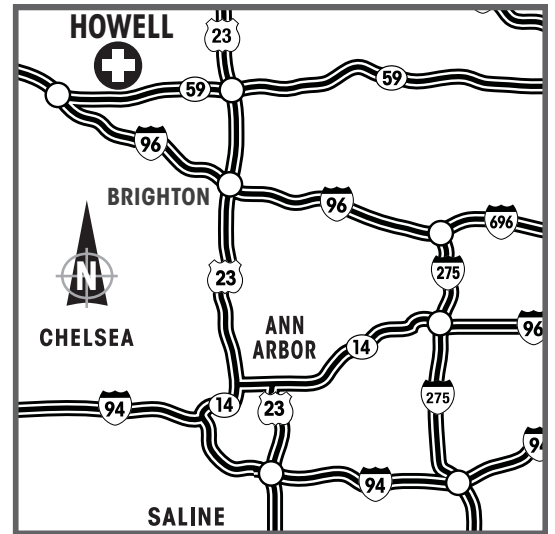
Take US-23 North to I-96 Exit 60B, left toward Brighton/Lansing.
Merge onto I-96 W via the ramp on the left toward Lansing.
Take Exit 137 toward County Hwy-D19/Howell/Pinckney.
Turn Left onto Pinckney Rd. (Becomes Michigan Ave/MI-155)
Drive approximately 1 mile and turn Left onto W Grand River Ave.
Turn Right onto Byron Rd.
Drive for about ½ mile, Livingston Hospital will be on your left.

From the East

Take I-96 West to Exit 137 (Hwy D-19/Howell/Pinckney)
Turn Left onto Pinckney Rd. (Becomes Michigan Ave/MI-155)
Drive approximately 1 mile and turn Left onto W Grand River Ave.
Turn Right onto Byron Road.
Drive for about ½ mile, Livingston Hospital will be on your left.

From the West

Take I-96 East to Exit 133, (MI-59 Exit). Merge onto MI-59/W Highland Rd.
Drive approximately 2 ½ miles and turn Right onto Byron Road.
Drive for about ½ mile, Livingston Hospital will be on your right.



Interstate/freeways
to Trinity Health Livingston



Trinity Health Livingston campus
follow signs to the Sleep Disorders Center



Trinity Health