



Trinity Health Ann Arbor
Sleep Disorders Center
5301 East Huron River Drive
P.O. Box 995
Ann Arbor, Michigan 48106-0995
Office: 734-712-4651
Fax: 734-712-2967

PLUE Sticker

Sleep Study Information

Dear _____,

Your Sleep Study will begin the night of _____ at 8 p.m. and will end the following day between 6 a.m. and 7 a.m.

The Sleep Disorders Center is located on the campus of Trinity Health Ann Arbor, 5305 Elliott Drive, Ypsilanti in the 5305 Building (Administration Services). Parking is available in lot P in front of the building. Enter the 5305 Building and take the elevator/stairs to the third floor, turn right and go into the Sleep Disorders Center. Check-in at the front window.

ARRIVAL TIME: If you are not able to arrive by 8 p.m. please call the lab at 734-712-2440 and inform a member of our staff. Late cancellations or missed appointments may be subject to a \$200 fee. Please. if you are unable to keep your scheduled appointment, we require 48-hour notice.

SCHEDULING CHANGES: please call Central Scheduling at 734-712-1313, Option 2.

If you have any questions or special needs that the Sleep Disorders Center staff should be aware of such as hospital bed, please notify us prior to your test by calling 734-712-2440.

Prior to the Sleep Study

Carefully read the following Information:

REGISTRATION: You must register for your outpatient sleep test by calling 800-676-0437, Monday through Friday between the hours of 8 a.m. and 5 p.m. prior to the date of your test.

WHAT TO EXPECT DURING THE STUDY: The Sleep Disorders Center technician will apply electrode wires to your head, torso and legs. There is little, if any, discomfort involved. You will be sleeping approximately eight hours. If you are scheduled to stay over the following day you will be taking several scheduled naps. Between naps, you will not be monitored, but you will still be wearing the electrode wires attached to your body. You will be able to move about freely and we encourage you to wear street clothes. Your room is a regular hotel room with a TV and a private bathroom. You may want to bring reading material, paperwork or craft projects to pass the time between naps.

QUESTIONNAIRE: A questionnaire concerning your medical history and sleep habits are a part of this packet. Please fill it out as completely as possible and bring it with you the night of your test.



Preparation Instructions

ALCOHOL: Avoid drinking any alcoholic beverages on the day of your test, unless you have been told to do so by your doctor.

CAFFEINE: Do not drink any coffee, tea or caffeinated beverages after 5 p.m. on the day of your test. You should not have any kind of caffeine (including chocolate) until your test is completed.

FLUIDS / NAPS: Do not drink large amounts of any fluids after 5 p.m. the day of your sleep test or take any naps the day of your test if you can possibly avoid it.

HYGIENE: Please wash your hair prior to coming in for your sleep test. Do not use hairspray, mousse or gel. Do not wear braids or hair extensions. Women should not wear nail polish, heavy makeup or skin creams. Men should shave, unless you have a beard. This will help us to attain the highest quality of test results.

MEALS / SNACKS: Breakfast and lunch trays will be provided for patients who stay throughout the day following their overnight study. Please, notify your technician if you have a special diet. You will also be able to go to the hospital Market Cafe. Snacks are available in the vending room in McAuley Inn. You may also bring your own food or **snacks from home. A refrigerator and microwave oven are available for your use.**

MEDICATIONS: Your sleep test is an outpatient procedure, nursing services and medication will not be provided. If you take medication regularly, bring it with you and take it as usual.

SMOKING: The Sleep Disorders Center and the campus of Trinity Health Ann Arbor is a smoke-free environment. Smoking is not permitted on the premises.

SLEEPWEAR: Please wear comfortable sleep clothing such as pajamas or shorts and t-shirt; please avoid fleece and silky material. If you have a favorite pillow or blanket, please bring it with you so you will feel more at home.

**Thank you for Choosing
Trinity Health Ann Arbor for your Sleep Study**

*Our Sleep Disorders Center is accredited through
the American Academy of Sleep Medicine.*



Sleep Questionnaire (Page 1)

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

Name: _____ Date of Birth: _____

Sex: Male Female Height _____ Weight _____ Neck size _____

Check all that apply:

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

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

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

Allergies (include latex or tape) _____

List Your Current Medications

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? Yes No

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

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 St. Joseph Mercy 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: _____

Driving Directions

Trinity Health Sleep Disorders Center

5305 Elliott Drive, Ypsilanti, MI 48197 | 734-712-2276

on the campus of Trinity Health Ann Arbor

From I-94 East

Take I-94 West to Exit 181B (Michigan Avenue) and head towards Ypsilanti. Turn left at Hewitt Road (first light) and continue North to McAuley Drive (about 2.5 miles) onto Trinity Health Ann Arbor main campus. Make a left on Elliott Drive and follow signs to the Administration Area, park in lot P and enter the Administration Building and take stairs/elevator to the third floor, turn right to the Sleep Disorders Center.

From I-94 West

Take I-94 East to Exit 180B and merge onto US 23 North (towards Flint). Take Exit 39 (Geddes Road), at traffic circle take the first exit onto Geddes Road. Make a right turn onto Dixboro Road and continue straight on East Huron River Drive to Emergency Drive, turn left (across from Washtenaw Community College). Make a left on Elliott Drive and turn right at the first drive to the Administration Area, park in lot P and enter the Administration Building and take stairs/elevator to the third floor, turn right to the Sleep Disorders Center.

From I-275 North

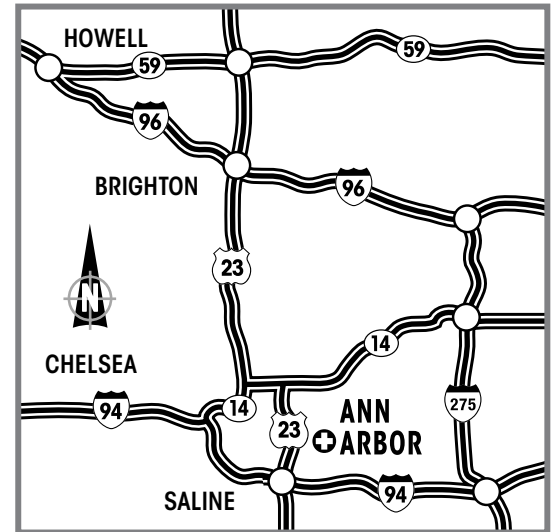
Take I-275 South, to M-14 West towards Ann Arbor to US 23 south. Stay on US 23 south to Exit 39 (Geddes Road). At the traffic circle, take the second exit onto Geddes Road and continue straight through the second traffic circle and make a right onto Dixboro Road, continue straight on East Huron River Drive to Emergency Drive, turn left (across from Washtenaw Community College). Make a left on Elliott Drive and turn right at the first drive to the Administration Area, park in lot P and enter the Administration Building and take stairs/elevator to the third floor, turn right to the Sleep Disorders Center.

From US-23 North

Take US-23 South to Exit 39 (Geddes Road). At the traffic circle, take the second exit onto Geddes Road and continue straight through the second traffic circle and make a right onto Dixboro Road, continue straight on East Huron River Drive to Emergency Drive, turn left (across from Washtenaw Community College). Make a left on Elliott Drive and turn right at the first drive to the Administration Area, park in lot P and enter the Administration Building and take stairs/elevator to the third floor, turn right to the Sleep Disorders Center.

From US-23 South

Take US-23 North to Exit 39 (Geddes Road). At the traffic circle take the first exit onto Geddes Road. Make a right turn onto Dixboro Road and continue straight on East Huron River Drive to Emergency Drive, turn left (across from Washtenaw Community College). Make a left on Elliott Drive and turn right at the first drive to the Administration Area, park in lot P and enter the Administration Building and take stairs/elevator to the third floor, turn right to the Sleep Disorders Center.



Interstate/freeways
to Trinity Health Ann Arbor



Trinity Health Ann Arbor campus
follow signs to the Administration Area/
Sleep Disorders Center

