

McLaren Print System Order

Order No: 46207
Order Date: 2019-06-14
User: Andrea Bennett
Phone: 342-3900

Ship Location: McLaren Flint Beechill Ctr
G3200 Beecher Rd
Flint, MI 48532

Forms

Quantity: 500
Paragon Dept No: 36110
Dept Name: Sleep 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 FLINT
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 11-16 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: _____

COMMENTS/SUGGESTIONS: _____

PATIENT POST-SLEEP
STUDY QUESTIONNAIRE



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