McLaren Business Products

McLaren Print System Order

Order No: 8050
Order Date: 2015-01-07
User: Janice Ashley
Phone: 810-342-3900

Ship Location: SLEEP CENTER/ JANICE ASHLEY
g-3200 Beecher Rd Suite ZZZ
Flint, MI 48532
Forms
Quantity: 1000
Paragon Dept No: 36110
Dept Name: SLEEP DIAGNOSTIC CENTER
Company Number: 60

Order Total Price: 0.00

Item Number: M-17030
Item Description: Patient Pre-Sleep Study Questionnaire
Revision Date: 6/2014
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 PRE-SLEEP STUDY QUESTIONNAIRE

Name: _____ Date: ____/____/____

1. Have you had any of the following during the last 24 hours? (list type, amount and time)
   Alcohol ☐Yes ☐No Amount: _____ At: _____ a.m. / p.m.
   Coffee/Tea ☐Yes ☐No Amount: _____ At: _____ a.m. / p.m.
   Chocolate ☐Yes ☐No Amount: _____ At: _____ a.m. / p.m.
   Medication that you don't take daily: Type: _____ At: _____ a.m. / p.m.
2. Was last night's sleep typical for you regarding total sleep time, awakenings and quality? ☐Yes ☐No
   Please explain: _____
3. Did you nap today? ☐Yes ☐No For how long: _____
4. How stressful was your day? ☐Not at all ☐A little stressful ☐Very stressful
5. How does this compare with a usual day for you? ☐Less stressful ☐The same ☐More stressful
6. How nervous are you about this study? ☐Not at all ☐Slightly nervous ☐Very nervous
7. How do you feel right now?
   Physically fatigued ☐Not at all ☐A little ☐Quite a bit ☐Extremely
   Sleepy ☐Not at all ☐A little ☐Quite a bit ☐Extremely
   Alert ☐Not at all ☐A little ☐Quite a bit ☐Extremely
8. Who recognized your sleep problem? ☐Self ☐Bed partner ☐Physician ☐Other: _____
9. Are you currently experiencing any pain or discomfort? ☐Yes ☐No
   If yes, explain: _____
10. What is your normal bedtime? _____ a.m. / p.m.
11. Wake times begin around 6:00 am. Is there a specific time you need to be awakened?
    ☐Yes Time requested: _____ a.m. / p.m.

PATIENT
PRE-SLEEP STUDY
QUESTIONNAIRE

4150