

McLaren Print System Order

Order No: 48596  
Order Date: 2019-09-12  
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: \_\_\_\_/\_\_\_\_/\_\_\_\_

- How long did it take you to fall asleep last night?  
 Immediately  Five minutes  Hours  Did not fall asleep  
 Please list any medications taken to help you sleep last night: \_\_\_\_\_  
 Type \_\_\_\_\_ Time \_\_\_\_\_
  - How does this compare to the time it usually takes you to fall asleep?  
 Same  Shorter time  Longer time
  - How long do you believe you slept throughout the night? \_\_\_\_\_
  - How does this compare to the amount of sleep you normally get?  
 Same  Less than normal  More than normal
  - How much do you remember dreaming?  
 Not at all  Less than usual  More than usual
  - Did you experience any unusual muscle sensations or movements, sights or sounds?  No  Yes  
 If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_
  - If you experienced any pain or discomfort during the study or are in pain now, please explain: \_\_\_\_\_  
 \_\_\_\_\_
  - How did you feel immediately after you woke up?  
 Sleepy  Physically fatigued but not sleepy  Somewhat alert  Wide awake
  - How did you feel 15 minutes after waking up?  
 Sleepy  Physically fatigued but not sleepy  Somewhat alert  Wide awake
  - In general, how did you sleep?  
 Poorly  Same as usual  Better
- PLEASE ANSWER QUESTIONS 11-14 IF YOU USED CPAP/BIPAP.
- How did you tolerate the mask and pressure?  Poorly  Well  Very well
  - Do you feel rested?  Yes  No
  - Do you sleep with CPAP?  Better  Same as usual  Worse

Spec Info: any problems you had with the CPAP therapy: \_\_\_\_\_  
 \_\_\_\_\_

COMMENTS/SUGGESTIONS: \_\_\_\_\_  
 \_\_\_\_\_

PATIENT POST-SLEEP  
STUDY QUESTIONNAIRE  
M-17105-001



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