

**McLaren Print System Order**

**Order No: 6162**  
**Order Date: 2014-09-30**  
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**Ship Location: McLaren Sleep Center - Clarkston**  
**5701 Bow Pointe Dr., Suite 355**  
**Clarkston, MI 48346**

**Forms**

**Quantity: 500**  
**Paragon Dept No: 8300**  
**Dept Name: Sleep Diagnostic Center- Clarkston**  
**Company Number: 310**

**Order Total Price: 0.00**

**Form Number: MO-17105-C**  
**Form Description: Patient Post-Sleep Study Questionnaire**  
**Revision Date: 9/2014**  
**Print: 1 sided black and white**  
**Paper: 20# White Text**  
**Size: 8.5 x 11**  
**Fold:**  
**Finish:**  
**Drill: None**

MCLAREN-CLARKSTON  
SLEEP DIAGNOSTIC CENTER  
PATIENT POST SLEEP STUDY QUESTIONNAIRE

Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

1. How long did it take you to fall asleep last night?  
 Immediately  Few minutes  15-30 min  Did not fall asleep  
Please list any medications taken to help you sleep last night \_\_\_\_\_

2. How does this compare to the time it usually takes you to fall asleep?  
 Same  Shorter time  Longer time

3. How long do you believe you slept throughout the night? \_\_\_\_\_

4. How does this compare to the amount of sleep you normally get?  
 Same  Less than normal  More than normal

5. How much do you remember dreaming?  
 Not at all  Less than usual  More than usual

6. Did you experience any unusual muscle sensations or movements, sights or sounds?  No  Yes  
If yes, please explain: \_\_\_\_\_

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?  
 Sleepy  Physically fatigued but not sleepy  Somewhat alert  Wide awake

9. How did you feel 15 minutes after waking up?  
 Sleepy  Physically fatigued but not sleepy  Somewhat alert  Wide awake

10. In general, how did you sleep?  
 Poorly  Same as usual  Better

PLEASE ANSWER QUESTIONS 11-14 IF YOU USED CPAP/BIAPAP

11. How did you tolerate the mask and pressure?  Poorly  Well  Very well

12. Do you feel rested?  Yes  No

13. How did you sleep with CPAP?  Better  Same as usual  Worse

14. Please explain any problems you had with the CPAP therapy: \_\_\_\_\_

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

\_\_\_\_\_

PARENT POST-SLEEP STUDY QUESTIONNAIRE  
MO-17105-C-0001

01  
02  
03