Shimla Medical Center
Internal Medicine Practice

9306 Forest Point Circle, Manassas, VA 20110 phone 703-330-3322 fax 703- 330-5051

Dear:

You have been scheduled for a sleep study on:

What to bring:

- **Photo ID** (drivers license)
- **Insurance Card** (s)
- **Bed clothes**. Bring something comfortable to sleep in, including a bathrobe and slippers. Keep in mind that both male and female technicians may monitor your sleep study.
- **Toiletries.** Bring whatever you need to spend night away from home (tooth brush, tooth paste, soap, etc.).
- **All your medications.**

Before your study:

- Do not take any naps the day of your sleep study if possible.
- Do not consume any alcohol or caffeine after 12pm (noon) the day of your sleep study.
- Take a shower prior to arriving for your sleep study and do not apply any hair care products (hair gel, hair spray, oils).
- Do not wear make-up or use heavy creams on your face the night of the study.

What to expect:

The sleep study is a combination of several diagnostics tests all recorded simultaneously during sleep. Brain wave activity (EEG) will be recorded by attaching electrodes with adhesives and paste around the head. Additional sensors are placed on your chest, legs, finger and below your nose. All sensors are painless and will still allow you to sleep in any position you want. You will also be able to move around and get out of bed with the sensors (i.e. – to use the bathroom). The sleep technician will greet you once you arrive and will be able to answer any questions or concerns you have with the procedure.

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Frequently Asked Questions:

What is a sleep study?

A sleep study contains 16 or more different measurements used for monitoring your sleep patterns. These measurements are primarily EEG (brain wave activity) and respiratory (breathing). The study will record for 6 or more hours while you sleep. Your sleep technician will greet you when you arrive and will explain the procedure as he/she is applying the necessary measurement sensors. The procedure for applying the sensors will usually take between 30 minutes to 50 minutes.

What are the sensors used for the sleep study?

The measurements are:

- EEGs – 6 sensors placed in your scalp area held in place with a water soluble paste or adhesive. Your hair is not cut or shaved and the leads are painlessly placed and removed in the morning. These sensors are the main sensors used in determining if you are asleep or awake. If asleep, there are 5 different stages of sleep that are registered and recorded on the computer.
- Eye movements – 2 sensors, one near each eye but not touching your eyes in any way. Each sensor is applied with an adhesive. Eye movements are also used in determining the different stages of sleep.
- Muscle activity – 2 or 3 sensors applied on your chin or jaw line. These sensors are also applied with an adhesive and are used in determining the different stages of sleep.
- ECG – 2 sensors placed near the left and right shoulder/chest area. These sensors are applied with adhesives and measure your heart's activity during the study.
- Leg movements – 4 sensors, two sensors each placed on the left and right leg around your calf/shin area applied with adhesives. These sensors measure leg movement activity during your sleep.
- Breathing – 2 sensors placed under the nose and above your upper lip used to determine your breathing patterns during the study. One sensor is a soft plastic wire sensor w/ prongs just under each nostril and over your mouth. This sensor acts as a thermometer recording air you breathe in (cold air) and air you breathe out (warm air) and is recorded as a waveform. The second sensor is also placed in the same site but is a cannula used to record the carbon dioxide you exhale also recorded as a waveform.
- Oximeter – a sensor placed on your finger used to record the oxygen level in your blood. This sensor is placed with adhesive and a low illuminating red light is used to read the level of oxygen.
- Breathing effort – Two belts placed one around your chest and one around your stomach used to determine your breathing effort by stretching and contracting as you breathe in and out during your sleep study.

Will you give me any medication to help me sleep?

No. This might change your sleep patterns and prevent us from identifying the source of your sleep problem. However, you may take whatever medication you usually take before bedtime. Be sure to inform the technician running your sleep study of what medications you are taking.

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What happens if I need to go to the bathroom in the middle of the night?

All sensors are attached to a central box which you will be able to carry with you once detached from the main computer cable. This is a very simple process and can be done in a few seconds to allow you mobility to use the restroom whenever needed.

Frequently Asked Questions (con'd):

Will anyone else be in the sleep laboratory while I am there?

A technician will greet you once you arrive at the sleep lab and show you to your room. A member of our technical staff will be present and available to you during your entire night at the sleep lab as well as possibly other patients who will also be at the lab for sleep testing purposes.

When can I leave?

Usually the sleep study will end between 05:00 AM and 07:00 AM. Removal of the sensors usually takes just a few minutes and once done, you may leave at any time thereafter. There will also be a short morning questionnaire. If you need to be up earlier, please notify the technician.

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PATIENT HISTORY QUESTIONNAIRE

Name:_____Date:_____
Last Name First Name M.I.

Home Address: _____

City:_____State:_____Zip code:_____

Home phone: (___)_____Work phone: (___)_____Mobile phone:(___)_____

Social Security Number:_____-_____-_____Marital Status: ☐ Married ☐ Single

Birth Date:_____Age:_____Sex:_____Height:_____Weight:_____

Occupation:_____Employer:_____

Insurance Co.:_____Policy #:_____Group #:_____

Insurance Policy Holder Name:_____Policy Holder Date of Birth:_____

Referring Physician: _____

Physician's Address: _____

City:_____State:_____Zip code:_____

Physician's phone number:_____Fax:_____

Family Physician (if different from referring): _____

Family Physician's address:_____

City:_____State:_____Zip code:_____

Family Physician's Phone number:_____Fax:_____

1. Do you have trouble getting to sleep at night? □never □rarely □sometimes □frequently
2. On the average, how long does it take you to fall asleep?_____
3. Are you bothered by frequent awakenings? □Yes □No
4. On the average, how often during the night do you wake up? _____
5. Are you bothered by long periods of wakefulness during the night? □never □rarely □sometimes □frequently

   If yes, how much time altogether do you spend in such wakefulness during the night?

   _____
6. Are you bothered by waking up too early and not being able to get back to sleep?
   □never □rarely □sometimes □frequently
7. Are you bothered by nightmares? □never □rarely □sometimes □frequently
8. Do you awaken from sleep short of breath? □never □rarely □sometimes □frequently
9. Do you snore loudly enough that your spouse, or others complained about it? □never □rarely □sometimes□frequently
10. How many nights a week, if any, do you have a sleep problem? □never □rarely □sometimes □frequently
11. On the average, how long do you actually sleep at night?_____
12. Do you feel tired during the day? □never □rarely □sometimes □frequently
13. Do you have any health problems? Please describe. _____

    _____

    _____
14. Do you take any medications (pills, shots, vitamins, herbs, etc.)?
    If yes, list below the names and amounts of all medications you are taking and state how often and why you take each one.

Medication	Dose	How often	Reason

15. Write in the average amount of each of these beverages that you drink per day.

    natural coffee _____cups per day
    tea _____cups or glasses per day
    carbonated soft drinks _____cups or bottles per day
    alcoholic beverages _____glasses per day
16. How long have you had your sleep problem?_____

17. Do you take naps? ☐never ☐rarely ☐sometimes ☐frequently

18. Did you nap today? If so, at what time? ☐Yes ☐No time: _____

19. Are your sleep habits on weekends different from those of the rest of the week? ☐Yes ☐No

20. What time do you usually go to bed and get up?

Weekdays:	go to bed	_____AM_____PM
	get up	_____AM_____PM
Weekends:	go to bed	_____AM_____PM
	get up	_____AM_____PM

How likely are you to doze off or fall asleep in the following situations? How often do you feel tired? This refers to your usual way of life in recent times. Even if you have not done some of these things recently try to evaluate how they would affect you. Use the following 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

Situation	Chance of dozing
Sitting and reading	
Watching TV	
Sitting, inactive, in a public place (e.g., a theater or a meeting)	
As a passenger in a car for an hour without a break	
Lying down to rest in the afternoon when circumstances permit	
Sitting and talking to someone	
Sitting quietly after a lunch without alcohol	
In a car, while stopped for a few minutes in traffic	

21. Do you ever feel confused when you awaken from sleep? ☐never ☐rarely ☐sometimes ☐frequently
22. Do you feel refreshed after a short (10 to 15 minutes) nap? ☐never ☐rarely ☐sometimes ☐frequently
23. Does your sleepiness appear to be worse three to four times per day? ☐never ☐rarely ☐sometimes ☐frequently
24. Does your sleepiness occur at fairly predictable intervals? ☐never ☐rarely ☐sometimes ☐frequently
25. Do you awaken in the morning with headaches? ☐never ☐rarely ☐sometimes ☐frequently

26. Do other people tell you that you have a restless sleep? ☐Yes ☐No
27. Have others noticed that you have become increasingly irritable or short-tempered? ☐Yes ☐No
28. Has your sexual activity decreased recently? ☐Yes ☐No
29. Do you find that your mind is not working as quickly or effectively as it used to? ☐Yes ☐No

30. When you awaken in the morning, how long does it usually take for you to begin functioning normally?

☐ 0-15 min. ☐ 15-30 min. ☐ > 30 min.

31. Do you perspire a great deal at night? ☐never ☐rarely ☐sometimes ☐frequently

32. When you are angry or laugh, do you ever feel weak, as though you might fall? ☐never☐rarely☐sometime☐frequently
33. Do other members of your family have sleeping problems? ☐Yes ☐No

1. Describe how you feel when you wake up in the morning.

2. Do your ankles ever swell? Do you have trouble getting your shoes on and off?
   ☐never ☐rarely ☐sometimes ☐frequently
3. Do you have difficulty with your sexual functioning ☐never ☐rarely ☐sometimes ☐frequently
4. Are you in good health? ☐Yes ☐No
5. Year of last complete physical examination: _____
   Examining physician's name: _____
   Physician's address: _____
   Office telephone number: _____M.D.'s specialty:_____
6. Was anything found wrong in your last physical examination? ☐Yes ☐No
   If yes, describe: _____
   _____

REMARKS: If there are any other aspects of your sleep problem which you feel are important, please describe them in the space below. Also, list any medications that were not listed above.

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Patient Name: _____ Date of Birth: _____

Sleep Quality Screening Questionnaire

Please check any boxes that apply to you:

- ☐ Do you snore / have you been told you snore?
- ☐ Are you overweight?
- ☐ Do you have high blood pressure?
- ☐ Do you sweat during your sleep?
- ☐ Are you excessively tired during the day?
- ☐ Do you have morning headaches?
- ☐ Are you often irritable?
- ☐ If you had the time, could you nap regularly daily?
- ☐ Do you have restless sleep?
- ☐ Do you have difficulty maintaining sleep/frequent awakenings?
- ☐ Have you been told you stop breathing while asleep?
- ☐ Do you wake up gasping or short of breath during your sleep?
- ☐ Any other sleep issues, concerns or comments:_____

_____

_____ : Total number of boxes checked.

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From 66

1. Take exit #47A to merge onto VA-234 Bus S/Sudley Rd toward Manassas about 8 mins

2. Turn Left onto Stonewall Rd

3. Turn Right onto Forest Point Cir/Forestwood Ln

4. Turn Left onto Forest Point Cir (destination will be on the left)

If you have any questions please call at phone # ***703-565-6216*** or fax at 703-330-5051 or email **shimlamedical93@yahoo.com**