



HOME SLEEP TESTING PATIENT INSTRUCTION SHEET

PLEASE COMPLETE THE PATIENT PAPERWORK CONTAINED IN THE LARGE ENVELOPE AND RETURN TO THE SLEEP LAB WITH THE RECORDING EQUIPMENT.

THE SLEEP TESTING DEVICE IS CALLED ALICE PDX. THERE ARE 4 MEASUREMENTS THAT WILL BE RECORDED WHILE YOU SLEEP.

1. AIRFLOW FROM YOUR NOSE
2. OXYGEN LEVEL, MEASURED FROM YOUR FINGERTIP
3. CHEST BREATHING EFFORT
4. ABDOMINAL BREATHING EFFORT

THE DEVICE IS SET UP TO AUTOMATICALLY BEGIN RECORDING. YOU DO NOT HAVE TO TURN ON THE POWER. THERE ARE 5 STEPS TO PUTTING ON THE DEVICES.

1. SLIP BLACK CORD AROUND YOUR NECK. THE ALICE PDX RECORDING BOX SHOULD BE RESTING AT THE MID-LEVEL OF YOUR CHEST, IN THE FRONT. THERE IS A LABEL ON THE RECORDING BOX THAT SAYS "FRONT". THIS LABEL SHOULD BE ON THE OUTSIDE (NOT AGAINST YOUR CHEST).
2. CLIP THE CHEST BELT AROUND YOUR CHEST AT NIPPLE LEVEL.
3. CLIP THE ABDOMINAL BELT AROUND YOUR STOMACH AT NAVEL LEVEL.
4. ATTACH THE OXIMETER FINGER CLIP TO YOUR FINGERTIP. TAPE IN PLACE.
5. PLACE NASAL AIRFLOW PRESSURE CANNULA ON FACE. YOU MAY TAPE THE TUBING IN PLACE TO PREVENT DISPLACEMENT DURING THE NIGHT.

IN THE MORNING, SIMPLY REMOVE THE SENSORS FROM YOUR BODY AND PLACE EVERYTHING BACK IN THE CASE. **DO NOT UNPLUG THE SENSORS FROM THE ALICE PDX DEVICE.**

RETURN THE CASE AND PAPERWORK TO THE SLEEP LAB.

IN CASE OF EMERGENCY, CALL THE OFFICE ANSWERING SERVICE AT 813-935-5501 AND ASK THEM TO CONTACT THE SLEEP LAB STAFF. THE SLEEP LAB STAFF WILL CALL YOU BACK IMMEDIATELY.



HOME SLEEP TESTING PATIENT QUESTIONNAIRE

NAME _____ DATE _____

DATE OF BIRTH _____ PHYSICIAN _____

COMPLETE THIS SECTION PRIOR TO GOING TO BED

1. WHAT TIME DID YOU AWAKEN THIS MORNING? _____
2. DID ANYTHING UNUSUAL HAPPEN TODAY THAT MIGHT AFFECT YOUR SLEEP? _____
3. IF YOU ANSWERED "YES" TO #2 ABOVE, PLEASE EXPLAIN. _____
4. HOW MUCH CAFFEINE DID YOU CONSUME TODAY (COFFEE, TEA, COLA)? _____
5. HAVE YOU TAKEN ANY MEDICATIONS, OTHER THAN YOUR REGULAR MEDICATIONS? _____
6. IF YOU ANSWERED "YES" TO #5 ABOVE, PLEASE LIST HERE. _____
7. WHAT TIME ARE YOU GOING TO BED TONIGHT? _____

COMPLETE THIS SECTION WHEN YOU WAKE UP IN THE MORNING

1. HOW WAS YOUR SLEEP LAST NIGHT?

2. WHAT TIME DID YOU WAKE UP THIS MORNING? _____
3. HOW MUCH DID THE RECORDING EQUIPMENT DISTURB OR HINDER YOUR SLEEP? _____

