THE SLEEP DISORDERS CLINIC
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WHY DO I NEED A SLEEP STUDY BEFORE MY SURGERY?

You have been asked to attend an overnight sleep study at the Sleep Disorders Clinic before your surgery date because your doctor/ anesthetist has identified that you have signs and symptoms of sleep apnea (or stopping breathing during sleep).

It is important that you attend the overnight study as soon as possible so that if you are found to have sleep apnea, you can be treated for this condition before the date of your scheduled surgery.

Your anesthetist has recommended this test to be done ASAP as there is some concern that if you have sleep apnea it will affect your breathing during surgery and in the recovery period.

If we find that you have sleep apnea that needs to be treated before surgery, you will need to attend a follow up sleep study with a CPAP machine that corrects your breathing during sleep. You will then be sent to a Home Care Company to purchase or borrow a machine for use before and after your surgery.

IF YOU DO NOT ATTEND THE SLEEP STUDIES THAT YOUR DOCTOR HAS RECOMMENDED, OR YOU DO NOT OBTAIN THE CPAP MACHINE IF IT IS RECOMMENDED FOR TREATMENT OF YOUR APNEA, **YOUR SURGERY MAY BE CANCELLED**. Cancelling the surgery is at the discretion of your doctor or the anesthetist and not the Sleep Clinic.

You will see one of the Sleep Disorder Clinic doctors within 4-6 weeks after the surgery for a consultation to assess your response to CPAP. Before you attend the appointment with the doctor, we would like you to visit the Home Care company to obtain compliance data. This data is printed off your CPAP machine and allows the doctor to see how you are using your machine.

You should read the following package carefully before you attend the sleep study. Any questions you have will be answered by your technician on the night of your study. You may also call our office at any time.

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PREPARATION FOR SLEEP STUDY

**** IMPORTANT: PLEASE REMEMBER YOUR HEALTH CARD AND COMPLETED QUESTIONNAIRE**

You must be able to care for yourself in the laboratory. We do not have nurses on staff. If you require assistance, you will need to be accompanied to the appointment by a family member or aide. If this applies to you, be sure to speak to our reception staff prior to your sleep study.

You will be hooked up by a technologist to a series of wires, to the head and face and other parts of your body that will monitor you while you sleep. This will take approximately 30-45 minutes. Depending on your bedtime you may have time to watch TV in the common area or bring some reading material with you to read in your bedroom. The use of personal computers or game devices is discouraged before bed.

The technologists require all patients to be in their rooms by 10.30pm at the latest so that they can collect the data required. During the night you will be monitored on a computer screen. There are microphones in each room if you need to get up to use the washroom. You will just need to call the technician and they will come to your room and unhook you to use the washroom facilities. If you have a medical or physical condition that a family member or nurse needs to stay with you overnight, this must be confirmed with our office prior to your sleep study.

In the morning you will be awoken at 6:00am. The technologist will unhook all the wires and you may get changed. You will need to complete a morning questionnaire and then you are able to leave. **All patients are required to leave the building by 6:30 a.m.**

ARRIVAL TIME: **Hamilton location -7:45pm**
St. Catharines location - 8:15pm

CLOTHING: You will be given a gown or two piece scrubs to sleep in. No personal sleep wear may be worn in the laboratory. Please do not bring pillows, blankets or any other articles from home to the overnight study. No large bags will be allowed in bedrooms. This is for your safety.

SHOWERS: Please have a shower or bathe before arriving for your appointment. If you wish to have a shower in the morning please bring your own towel and toiletries.

WAKE-UP TIME: Wake up time is 6:00am. Departure time is no later than 6:30a.m. You can arrange an earlier wake up time with your technician at time of hook up if required.

MAKE-UP: Please ensure all make-up and fingernail polish is removed. If you have acrylic nails we prefer that at least one be removed for the measurement of oxygen saturation.

ALCOHOL: Alcohol is not to be consumed on day of sleep study.

CAFFEINE: Limit coffee, tea or caffeine beverages. Nothing with caffeine after 4:00pm on day of study.

FOOD: If you require a night time snack, please bring your own food with you. We do not provide food or drinks.

EQUIPMENT: If you have your own CPAP machine, please bring mask and tubing only for the sleep study.

MEDICINE: BRING ALL YOUR MEDICATION, **including those you normally take to help you sleep, including herbal remedies etc.** You will take your own medicine at your usual time at the sleep

clinic. There are no nurses on staff to administer meds. We cannot provide a sleeping pill to you but you may take what you would normally take to help you sleep.

ACTIVITIES: Do not have a nap day of study as it may inhibit your sleep.

CANCELLATIONS AND/OR RESCHEDULING:

If for any reason you have to cancel or reschedule your appointment please call the office immediately at 905-529-2259. **We require 24hrs notice to cancel or reschedule appointments or a charge of $125.00 will be levied against you.** Please note if you are more than 15 minutes late for your appointment and you have not notified the office that you are running late your appointment may be taken by another patient as reception staff will begin calling other patients to replace you.

NIGHTIME EMERGENCY CALLS:

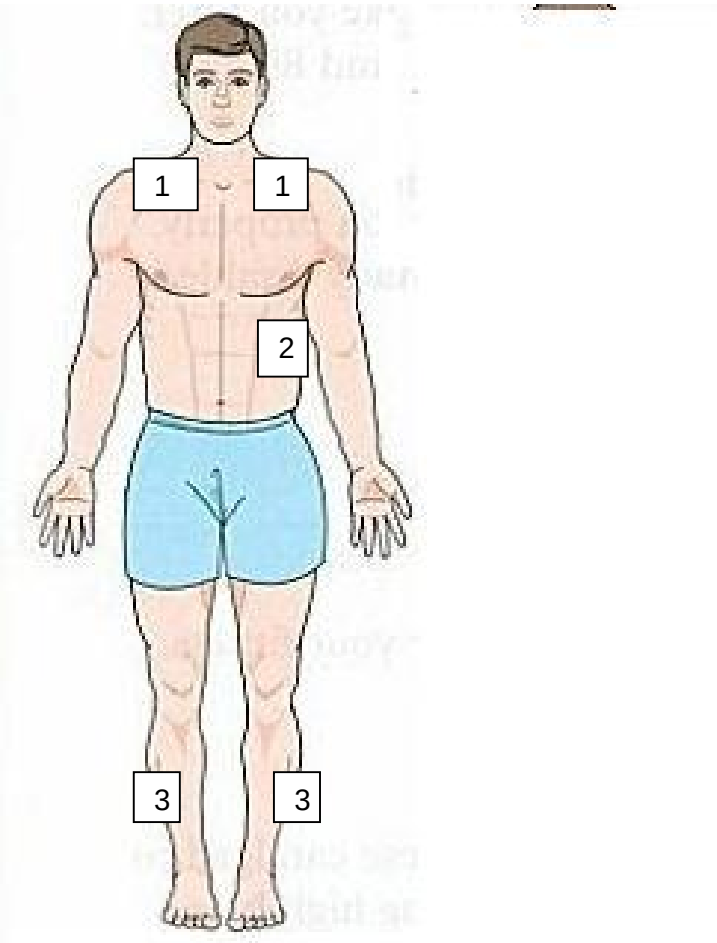
In the event that a family member may need to speak with you during the night of study they can contact you at 905-529-3088. **THIS IS A NIGHT-TIME LINE ONLY AND ONLY FOR EMERGENCIES.**

PARKING: In the winter months, please park at side of parking lot or in middle parking lane. Please do not park in front of building to allow for snow removal. (Hamilton location only)

Please shave yourself with your razor in the identified areas prior to attending this appointment.

1. Right and Left shoulders, just below the collarbone.
2. Left above waist, on ribs halfway up your side.
3. Left and right leg approximately 5 inches below kneecap towards outside of leg.

Each shaved area should be 3 inches by 3 inches in diameter.



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WHAT WILL HAPPEN AFTER MY FIRST SLEEP STUDY?

1. If your first sleep study is normal, you will not need to come in for another appointment. Your referring physician and / or family doctor will receive the results of your sleep study within 6 weeks with recommendations that will guide him or her to help you with your sleep.

2. If you have moderately severe or severe sleep apnea, you will be called by our office within 2-4 weeks of your sleep study and asked to return for a second sleep study with a CPAP machine. Severe apnea should be treated with a CPAP machine. If you have mild or moderate apnea, you will be booked for a short day-time appointment with a doctor to discuss treatment options which may include the use of a CPAP machine. If you decide to use a CPAP machine, you will be booked for a CPAP study.

3. The morning after your CPAP study you will be referred to a home care company of your choice for CPAP set up.

4. You will see the doctor within 3 months for a consultation after your CPAP study to assess your response to CPAP. Before you attend the appointment with the doctor, we would like you to visit the Home Care Company to obtain compliance data. This data is printed off your CPAP machine and allows the doctor to see how you are using your machine.

5. If you have any other identifiable sleep disorder other than apnea you will be called within 6 weeks for a consultation with a doctor.

Dr. Raymond Gottschalk, Dr. Catharine Menes, Dr Akash Saxena

SNORING AND SLEEP DISORDERED BREATHING

MECHANISM: As soon as we fall asleep, the muscles that position the tongue and the muscles which stiffen the throat become relaxed. This allows the tongue to move backwards and the uvula or ñlittle tongueò moves downwards. The throat is narrowed and as we suck air through this narrowed passage, turbulence occurs and vibration of the soft tissue especially the uvula causes snoring**.**

SLEEP DISORDERED BREATHING: As the throat becomes narrowed, more effort is required to continue breathing. Even though breathing does not stop, the brain can sense the increased effort and may bring you back to a lighter level of sleep - so that you can pull your tongue forward and open up your throat to resume normal breathing. This process can disturb or fragment your sleep, leading to poorly refreshing sleep.

During sleep the throat may also close completely not allowing air to move in or out of the lungs, or the throat may close to such an extent that much less air gets in and out of the lungs. Both of these situations can lead to a drop in the level of oxygen in the blood, and this together with the effort of attempting to breathe will force your brain to bring you back to a lighter level of sleep. Sleep fragmentation and sleepiness results.

DEFINITIONS:

Snoring: A vibration of the uvula and other soft tissue at the back of the throat.

Upper Airway Resistance Syndrome: Narrowing of the throat during sleep that leads to difficult breathing and fragmented sleep. Usually accompanied by snoring.

Hypopnea: Narrowing of the throat leading to a marked reduction in breathing which usually causes a slight drop in the level of oxygen in the blood and also fragments sleep.

Apnea: Closure of the throat which leads to complete stoppage of breathing. This causes the level of oxygen in the blood to drop - sometimes severely. Sleep fragmentation also occurs.

CONSEQUENCES: Sleep disordered breathing is associated with a higher risk for:

Heart attack
Stroke
High blood pressure
Sudden death
Motor vehicle and industrial accidents

With severe sleep apnea, the risk of death over the next 10 years is approximately 20%.

With appropriate treatment and follow-up, this risk is reduced to normal.

Contributing Factors:

- much more common in men.
- much more common above the age of 40 years.
- increased rate in post-menopausal women.
- much more common with weight gain and obesity.
- alcohol, sleeping tablets and some drugs make snoring and apnea worse.

Recognition:

- loud irregular snoring sometimes punctuated by silence as the throat closes. The chest and abdomen may continue to heave as the person struggles for breath.
- apnea is often terminated by a loud breath or grunt as the throat opens.
- restlessness with body twitches and jerks during sleep.
- sudden awakening with a feeling of choking or drowning or being startled.

Symptoms:

- unrefreshing sleep
- daytime sleepiness
- morning headaches
- low energy levels
- poor memory
- a change in personality - grumpy, depressed, short-tempered.
- the loss of sex drive, impotency.

Diagnosis: A detailed sleep study is required. During sleep, breathing, snoring, heart beat, blood oxygen level, brain waves and body movements are monitored. The study allows the doctor to determine whether there is a problem and how severe it is.

Treatment:

- weight loss
- body positional training
- dental appliances
- various surgeries
- Nasal CPAP (continuous positive airway pressure)

Nasal Continuous Positive Airway Pressure - CPAP:
This is generally the most effective and reliable treatment. A small mask, connected to an air pump, is placed over the nose. A stream of humidified air is then pushed through the nostrils down the throat, and thereby splints the throat open. **Nasal CPAP is so effective that the benefit is often experienced within a day or two.**

Assistive Devices Program (Government of Ontario) 1-800-268-1154
The Ministry of Health, through the Assistive Devices Program, contributes up to $780.00 towards the purchase price and your share of the cost is approximately $300 -$800, depending on the products chosen by you.

Surgery/Laser Surgery: For mild to moderate sleep apnea, surgery can be an option. However results can be unpredictable. **Generally surgery should only be considered if CPAP cannot be tolerated.**

Dental Appliances: These look something like gum-guards that sportsmen use. They cover both upper and lower teeth and are hinged in such a way so as to push the lower teeth and jaw forward. The space behind the tongue is then widened. They range in price up to about $1,200. Success is also somewhat variable at 30 - 70%.
Dental Appliance Suppliers: Dr. Gord Davidson (Burlington): 905 639 3505; Frank Odorico (Hamilton) 905 522 3355; Carl Zanon (Grimsby) 905 945 3295; Dr. J. Pepper (Dundas) 905 627 3070

Positional Training: For those subjects who only have difficulties when lying on their backs, using a tennis ball or similar device sewn on to the back of a shirt can be effective.
Weight Loss: Significant weight loss can sometimes cure snoring and sleep apnea.

TREATMENT WITH NASAL CPAP

CPAP (Continuous **P**ositive **A**irway **P**ressure) is a device that pushes air through the nostrils to the throat and by doing this keeps the throat open so as to prevent snoring and apnea.

HOW OFTEN MUST I USE CPAP?
CPAP **MUST** be used whenever you go to sleep -- including daytime or evening naps.

HAYFEVER AND HEAD COLDS
Nasal blockage will prevent CPAP from being effective. Nasal blockage from hayfever or a head cold must be promptly treated.

Head Colds - usually a decongestant nasal spray such as Otrivin or Dristan may be used but not for more than 5 days in a row. There is a risk of recurring stuffiness if these are used for longer and these medications are potentially harmful especially if you have high blood pressure.

Hayfever - See separate handout.

CARE OF YOUR NOSE
Nasal crusting, bleeding and irritation - air is blown through your nose at a rate of 110 litres/minute. For some people this causes inflammation and irritation. Most people adapt very quickly and do not require any specific treatment. If, however you are experiencing nasal crusting, bleeding or irritation, the following treatments should be tried:

- **Secaris Nasal Lubricant/Rhinaris Nasal Spray:** Used regularly before and after CPAP treatment may prevent these problems. Both may be obtained over-the-counter.
- **Nasal Steroid Sprays:** e.g. Flonase, Beconase, Rhinocort, Nasacort and others are sometimes used to treat and prevent inflammation. These are prescription medicines.
- **CPAP Humidifier:** This is very helpful to prevent irritative nasal symptoms.

CARE OF YOUR FACIAL SKIN
For abrasions across the bridge of the nose, Mole Skin can be used for protection. (This can be purchased in a drug store.) For abrasions across the forehead, sponge rubber spacers should be used. These are usually supplied with the CPAP equipment.

WHAT DO I DO WHEN I TRAVEL?
Most CPAP systems are easily adapted for both 110 and 220 volts. Consult your supplier. We have patients who have even gone camping or hunting and have used portable generators to charge 12 volt batteries, or run their CPAP directly from a generator.

A FINAL WORD - THE IMPORTANCE OF REGULAR TREATMENT

- Nasal CPAP is wonderfully effective for most people. Benefit is often evident within 2 - 3 days.
- For full protection, CPAP must be used regularly.
- Carry-over effect - when CPAP is stopped, snoring and apnea may not recur for a few days. This is because CPAP reduces swelling and inflammation of the tissues in the throat. The swelling gradually returns when CPAP protection is withdrawn.
- If snoring occurs while wearing CPAP - this indicates that the treatment is inadequate - **PLEASE NOTIFY YOUR FAMILY DOCTOR IMMEDIATELY.**
- If you are admitted to hospital, you must inform the doctor that you are on CPAP.
- If you have surgery, you must inform the doctors and anaesthetists that you are on CPAP before you go in for the operation. You must take your machine and mask and hosing to the hospital with you to use after the surgery.

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This is a tool to help you interview and compare potential CPAP providers. When purchasing your CPAP equipment, there are many things to take into consideration about the Company: their people, and the cost and scope of the products and services they offer.

The following are the names and phone numbers of recommended Home Care Companies in our area:

Medigas	905-312-0991	1-866-446-6302	(Hamilton and St. Catharines)
Medelife	905-938-0470	1-866-245-5941	(St. Catharines and Grimsby)
Canadian Home Health Care	905-540-1678	1-800-268-5003	(Hamilton and Kitchener)
Pro Resp	905-529-2166	1-800-265-3727	(Hamilton)
RESTAssure	905-331-9601	1-866-231-REST	(Burlington and Stoney Creek)
Lifebreath	905 945-6146		(Grimsby)

When you come in for your CPAP study you will be asked to provide the evening receptionist with the name of the Home Care Company of your choice. This is where the referral will be sent the morning after your CPAP study.

	Provider 1:	Provider 2:	Provider 3:
1. Do you offer trials of CPAP equipment before purchase? If so, **a)** What is the cost? **b)** What is the length of time? **c)** Will I be allowed to trial different masks during the trial period and is there an additional charge for this?			
2. If I decide to purchase, **a)** what will be the full amount that I would have to pay, including all professional fees? **b)** What payment options do I have?			
3. What type of ongoing maintenance do you provide and what are the costs involved? **a)** What support is available to me should my CPAP machine malfunction in the future? b) What kinds of CPAP machines do you sell? Are they current models with updated technology? Computer chip? C-flex?			
4. What are the qualifications of the people providing the instructions and education on CPAP therapy?			
5. How long have you been selling CPAP equipment?			

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CPAP TRIAL VS PURCHASE

You are attending The Sleep Disorders Clinic for a sleep study that will identify whether or not you have **SLEEP APNEA**.

If you have SLEEP APNEA, you will be asked to return to The Sleep Disorders Clinic for another sleep study using a **CPAP MASK** which will help you to keep breathing while you are sleeping.

A few days after the CPAP study you will be sent to a **HOME CARE COMPANY**. The Home Care Company staff will help you decide whether or not you should **TRIAL OR BUY** the CPAP machine.

If your apnea is **SEVERE**, you will be strongly encouraged to **BUY** the machine as CPAP is the best treatment for severe apnea and will protect you from high blood pressure, heart disease and stroke, and other diseases.

If your apnea is **MILD TO MODERATE,** and you were not sure that the CPAP helped while you were in the sleep laboratory, you may have the option of **BORROWING** the machine to see if you feel better using the machine. When you see the doctor, he or she will help you to decide if CPAP is the correct treatment for you based on the results of your sleep test and other factors.

The Home Care Company will loan you the CPAP machine for a period of **1 MONTH**. During this time you will use the machine every night and for all other times that you sleep (including naps).

A. The COST for the loan of the machine is as follows:

   - You will need to purchase the mask and hosing as these cannot be used again: Average cost: $150 to $250.
   - Some CPAP suppliers may charge a fee for the period of the 1 month loan.
   - If you do not return the machine after the period of the loan you may be charged an additional weekly charge.

B. If the CPAP machine helped you to sleep better, you feel less tired during the day, and your snoring and apneas have stopped, you may decide to buy the machine immediately from the Home Care Company. If you do not feel better and decide not to use the CPAP machine, you may contact our office and ask for an earlier appointment to see the doctor. We may be able to accommodate you.

IT IS YOUR RESPONSIBILITY TO RETURN THE CPAP EQUIPMENT ON TIME.

IT IS YOUR RESPONSIBILITY TO LET OUR OFFICE KNOW IF YOU ARE NOT USING CPAP AND WANT TO SEE THE DOCTOR EARLIER.

The Sleep Disorders Clinic, Dr Gottschalk, and his staff, have no business interest in any of the Home Care Companies in the Hamilton Region.

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SLEEP QUESTIONNAIRE

PLEASE PRINT CLEARLY

Name:_____ Date:_____

Phone Number:_____ Cell:_____ Email address:_____

Date of Birth:_____ Occupation:_____

Height:_____ Weight:_____

How likely are you to doze off or fall asleep in the following situations, in contrast to feeling just 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 work out how they would have affected you.

Use the following scale to **choose the "most appropriate number"** for each situation.

0 = would "never doze" **2 = "moderate" chance of dozing**
1 = "slight" chance of dozing **3 = "high" chance of dozing**

CHANCE OF DOZING / SLEEPING (please circle most appropriate number)	**SITUATION**
0 1 2 3	Sitting and reading
0 1 2 3	Watching T.V.
0 1 2 3	Sitting, inactive in a public place (theatre or meeting)
0 1 2 3	As a passenger in a car for an hour without a break
0 1 2 3	Lying down to rest in the afternoon when circumstances permit
0 1 2 3	Sitting and talking to someone
0 1 2 3	Sitting quietly after lunch without alcohol
0 1 2 3	In a car while stopped for a few minutes in traffic

TOTAL _____ (Add each number up and give a total out of 24)

MEDICATIONS: Please list the medications that you are taking and dosage if you know it.

1._____ 6. _____
2._____ 7._____
3._____ 8._____
4._____ 9._____
5._____ 10._____

Do you take any medications to help you sleep including over the counter preparations?

_____

List any medication allergies you may have:_____

Ĭ Yes Ĭ No Do you drink tea/ coffee/ cola with caffeine?
If yes, how many per day? _____(total #)

Ĭ Yes Ĭ No Do you drink alcohol? If yes, how many drinks per day? _____(total #)

Ĭ Yes Ĭ No Do you smoke? # per day?_____ Quit? When?_____ #/day:_____

What time do you normally turn your lights out to go to sleep? _____

What time do you normally wake up? _____

How long does it normally take you to get to sleep?

Ĭ Less than 5 minutes Ĭ 5 ï 30 minutes Ĭ 30 ï 60 minutes Ĭ Longer than 1 hour

How many times do you wake up to use the washroom? _____

Besides to use the washroom, how many times do you wake up in the night? _____

Do you routinely sleep with children or pets in your bed? Ĭ Yes Ĭ No _____

In the past week, how many hours did you sleep, per night, on average?_____

Do you routinely sleep with the TV on, or is there other noise that disturbs your sleep?_____

Do you work shifts or irregular hours? Ĭ No Ĭ Yes Explain:_____

Ĭ Yes Ĭ No Do you snore?
If yes, on a scale of 1 ï 10 (10 being the loudest) How loud do you snore? _____

Ĭ Yes Ĭ No Has anyone thought you stopped breathing in the night?

Ĭ Yes Ĭ No Do you choke at night?

Ĭ Yes Ĭ No Do you gasp for air at night?

Ĭ Yes Ĭ No Are you overweight?

Ĭ Yes Ĭ No Is your weight stable?

Have you gained weight? Ĭ Yes Ĭ No How much?_____lbs / kg Over how long?_____

Have you lost weight? Ĭ Yes Ĭ No How much?_____lbs / kg Over how long?_____

Ĭ Yes Ĭ No Are you a restless sleeper?

Ĭ Yes Ĭ No Do you suffer from nightmares on a regular basis?

Ĭ Yes Ĭ No Do you hit out or move when you are dreaming?

Ĭ Yes Ĭ No When you get up in the morning do you feel refreshed?

Ĭ Yes Ĭ No Do you ever feel confused when you awaken from sleep?

Ĭ Yes Ĭ No Do you ever sleep walk?
Ĭ Yes Ĭ No Do you ever talk in your sleep?
Ĭ Yes Ĭ No Have you ever had seizures or diagnosed with epilepsy? If yes, explain:_____
Ĭ Yes Ĭ No Do you ever feel weak when you hear or tell a joke?
Ĭ Yes Ĭ No Do you have hot flashes or sweats at night?
Ĭ Yes Ĭ No (For woman only) Are you menopausal?
Ĭ Yes Ĭ No (For woman only) Are you peri ï menopausal?

Ĭ Yes Ĭ No Do you ever wet the bed?
Ĭ Yes Ĭ No Do your legs twitch or jerk at night during your sleep?
Ĭ Yes Ĭ No Do your legs feel restless whenever you sit down or lie down causing you to get up and walk around?
Ĭ Yes Ĭ No Do you grind your teeth?
Ĭ Yes Ĭ No Are you tired in the day?

If yes, do you have difficulty driving due to your sleepiness? Ĭ Yes Ĭ No
Have you ever had an accident due to sleepiness? Ĭ Yes Ĭ No

Ĭ Yes Ĭ No Have you ever fallen asleep while driving?
If yes, provide details:_____

Ĭ Yes Ĭ No Do you take naps during the day?
If yes, are they refreshing? Ĭ Yes Ĭ No
Ĭ Yes Ĭ No Do you find that your mind is not working as quickly or that you are more forgetful?
Ĭ Yes Ĭ No Have other people told you that you are more irritable or short ï tempered?
Ĭ Yes Ĭ No Have you had trouble having sex recently?
Ĭ Yes Ĭ No Does your bed partner sleep in another room?
If yes, explain why:_____
Ĭ Yes Ĭ No Do you have high blood pressure?
If yes, is it hard to control? Ĭ Yes Ĭ No
Ĭ Yes Ĭ No Do you have heart disease?
If yes, do you have difficulties controlling the symptoms with medication? Ĭ Yes Ĭ No
Ĭ Yes Ĭ No Do you have aches and pains in your joints?
If yes, what is the cause?_____

Do you wake with: Ĭ Sore throat Ĭ Dry mouth Ĭ Nasal congestion
Ĭ Yes Ĭ No Do you have trouble breathing through your nose?
Ĭ Yes Ĭ No Has your nose ever been broken?
Ĭ Yes Ĭ No Do you have a deviated septum in your nose?
Ĭ Yes Ĭ No Have your tonsils been removed?
If yes, at what age?_____
Ĭ Yes Ĭ No Have your adenoids been removed?
If yes, at what age?_____

Ĭ Yes Ĭ No Have you had surgery to remove the uvula (UPPP)?
If yes, when?_____

Ĭ Yes Ĭ No Have you had any other nasal or throat surgery?
If yes, explain?_____

Do you have any of the following? (Check all that apply)

Ĭ Asthma Ĭ Depression Ĭ Diabetes
Ĭ Gastroesophageal Reflux Disease (GERD) Ĭ Chronic Obstructive Pulmonary Disease

Ĭ Yes Ĭ No Do you have a small chin and receding jaw?
Ĭ Yes Ĭ No (Men only) Is your collar size 17ò (42 cm) or larger?
Ĭ Yes Ĭ No Do you have any family members or relatives that have sleep apnea?

Ĭ Yes Ĭ No Have you ever had a sleep study?
If yes, when:_____ Where:_____
Ĭ Yes Ĭ No Have you ever had a CPAP study?
If yes, when:_____ Where:_____
Ĭ Yes Ĭ No Are you currently using a CPAP machine?
If yes, what is the current pressure? _____cmH2O

PARENTS

Mother

Is your mother alive? Ĭ Yes Ĭ No
If yes, how old?_____
If no, how old was she at the time of death?_____

What did she die of?_____
Did your mother have any illnesses of note?
(Heart disease, diabetes)
_____
_____
_____

Father

Is your father alive? Ĭ Yes Ĭ No
If yes, how old?_____
If no, how old was he at the time of death?_____

What did he die of?_____
Did your father have any illnesses of note?
(Heart disease, diabetes)
_____
_____
_____

Have any family members been diagnosed with a sleep problem or other significant health problems? Please explain;
_____
_____
_____

HOSPITAL ADMISSIONS:
Please list all times that you have been in hospital, starting with the most recent.

Year	**Reason for Admission**
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

PHYSICIANS
Please list the names of ALL physicians who are currently taking care of your health needs.

Name	**Specialty**
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

ILLNESSES OF NOTE
Please list any illness of note and years if applicable.

Illness	**Date Diagnosed**	**Ongoing?**
_____	_____	Ĭ Yes Ĭ No
_____	_____	Ĭ Yes Ĭ No
_____	_____	Ĭ Yes Ĭ No
_____	_____	Ĭ Yes Ĭ No
_____	_____	Ĭ Yes Ĭ No

Why do you think your doctor has sent you to the Sleep Disorders Clinic?

_____
_____
_____

Thank you for taking the time to fill in this questionnaire. Please bring it with you to your sleep study.

All patient information is kept strictly confidential except where required to be divulged by law.