

**TEXAS NEUROLOGY, P.A. SLEEP DISORDERS CENTER**  
**PATIENT PREPARATION SHEET FOR SLEEP STUDY**

Appointment Date: \_\_\_\_\_ Arrival Time: \_\_\_\_\_

**On the night of your sleep study:**

1. Please bring night attire to change into as well as any toiletries, pillow, medication(s), and any other items you may require.
2. In order to insure proper electrode and sensor application please arrive freshly showered with your hair washed and completely dry. No body lotion, make-up, hair spray or gels. You may wear under-arm deodorant. Men are required to shave prior to the study. However, beards are acceptable.
3. The morning following your sleep study, please allow additional time from your normal routine to have all the testing equipment removed by the technician as well as time for you to shower.
4. Please feel free to bring reading material. A lounge is available for your use prior to and following your sleep study.
5. If you are suffering from severe sinus or cold symptoms prior to your appointment, please contact the Sleep Disorders Center prior to your scheduled arrival time at 214-443-5154. You may need to be rescheduled.
6. Do not take naps on the day of your scheduled sleep study.
7. Electrodes will be placed on your scalp. Please notify us immediately if there is anything that would interfere with the necessary process (hair weaves, toupee, extensions, etc...)
8. If you have any additional questions prior to your study, please feel free to contact the Sleep Disorders Center at 214-443-5154.



4. Do you feel that you get enough sleep at night?    No    1    2    3    4    5
5. Do you feel that you get too much sleep at night?    No    1    2    3    4    5
6. On average how many hours do you sleep in a 24 hour period? \_\_\_\_\_ hrs
7. What time do you go to bed at night? \_\_\_\_\_
8. What time do you wake up in the morning? \_\_\_\_\_
9. Do you vary this pattern on weekends?            No    1    2    3    4    5
10. No matter how much sleep you get, do you    No    1    2    3    4    5  
wake up feeling tired?
11. Do you have a problem with your work        No    1    2    3    4    5  
performance because you are sleepy or tired?
12. Have you fallen asleep at work?                No    1    2    3    4    5
13. Have you fallen asleep while driving?         No    1    2    3    4    5
14. Do you sleep with a bed partner?                No    1    2    3    4    5
15. Do you snore?                                        No    1    2    3    4    5
16. Does your snoring disturb others?                No    1    2    3    4    5
17. Do you hold your breath or gasp for air        No    1    2    3    4    5  
in your sleep?
18. Do you have trouble breathing at night?        No    1    2    3    4    5
19. Is your sleep is disturbed by tossing and        No    1    2    3    4    5  
turning at night?
20. Do you sweat excessively during the night?    No    1    2    3    4    5
21. I wake up in the morning with a headache.      No    1    2    3    4    5
22. I have asthma attacks during sleep.            No    1    2    3    4    5
23. My legs seem to kick constantly during         No    1    2    3    4    5  
sleep.

24. There are times when I must fall asleep and I cannot stop it. No 1 2 3 4 5
25. I have felt muscle weakness when I have strong emotional feelings. No 1 2 3 4 5
26. I have vivid dreams right after I fall asleep. No 1 2 3 4 5
27. I am unable to move when I wake up. No 1 2 3 4 5
28. A nap does not make me feel refreshed. No 1 2 3 4 5
29. Do you purposely nap on weekends? No 1 2 3 4 5
30. How often do you nap and how long do you nap? \_\_\_\_\_
31. What time do you nap? \_\_\_\_\_ am \_\_\_\_\_ pm
32. I have a problem falling asleep at night. No 1 2 3 4 5
33. How long does it take you to fall asleep? \_\_\_\_\_ minutes
34. I require special conditions to fall asleep at night. (i.e.; music, tv) No 1 2 3 4 5
35. As I try to fall asleep I have anxious thoughts race through my head. No 1 2 3 4 5
36. I awaken with anxiousness, dread, or worry. No 1 2 3 4 5
37. On average, how many times do you wake up during the night? \_\_\_\_\_
38. How long do you spend awake during the night? \_\_\_\_\_
39. On average, how many times do you wake during the night? \_\_\_\_\_
40. How long do you spend awake during the night? \_\_\_\_\_
41. Is your sleep disturbed by a medical problem? \_\_\_\_\_  
If yes, please list. \_\_\_\_\_
42. I awaken because of aches, pains, and headaches. No 1 2 3 4 5
43. As a child, did you have a problem falling asleep or waking in the morning? No 1 2 3 4 5

44. Do you have trouble going back to sleep if you wake during the night?	No	1	2	3	4	5
45. I am bothered by outside noises during the night such as planes, trains, or barking dogs.	No	1	2	3	4	5
46. I tend to fall asleep when trying not to, or in a place other than my bedroom.	No	1	2	3	4	5
47. As bedtime approaches I become anxious.	No	1	2	3	4	5
48. When I am awake at night I will lie there until I fall back asleep.	No	1	2	3	4	5
49. Because of my poor sleep at night I feel fatigued or "washed out" during the day.	No	1	2	3	4	5
50. I have a crawling, creeping, feeling in the back of my legs which keeps me from falling asleep.	No	1	2	3	4	5
51. Do you now or did you as a child do some sort of body rocking or head movements during sleep?	No	1	2	3	4	5
52. Do you now or did you as a child awaken in a room other than the one you went to sleep in?	No	1	2	3	4	5
53. Are you now or have you ever been a sleepwalker?	No	1	2	3	4	5
54. According to your bed partner, have you ever seemed to be acting out a dream while asleep?	No	1	2	3	4	5
55. Do you now or have you ever suffered from nightmares?	No	1	2	3	4	5
56. According to your bed partner, have you ever woke screaming in fear and acting agitated?	No	1	2	3	4	5
57. Do you now or have you ever had seizures in your sleep?	No	1	2	3	4	5
58. I wake in a state of panic or distress?	No	1	2	3	4	5
59. I talk in my sleep.	No	1	2	3	4	5
60. I grind my teeth when sleeping.	No	1	2	3	4	5

61. I feel "groggy" or "sleep drunk" when I wake in the morning. No 1 2 3 4 5
62. Do you work a swing shift? \_\_\_\_\_yes\_\_\_\_\_no If yes, what hrs?\_\_\_\_\_
63. If yes, does your shift rotate in a clockwise direction? \_\_\_\_\_yes\_\_\_\_\_no
64. Do you go to bed at the same time every night? \_\_\_\_\_yes\_\_\_\_\_no
65. Do you fall asleep earlier than you want to, sleep normally, then wake in the early morning hours? No 1 2 3 4 5
66. Do you feel sleepy late at night, then receive less sleep due to a necessary early wake time? No 1 2 3 4 5
67. Do you sleep in several small periods of time during a 24 hour period? No 1 2 3 4 5
68. Do you have significant stress in your life at the present time? No 1 2 3 4 5
69. Do you presently feel sad or depressed? No 1 2 3 4 5
70. Have you ever been seen by a psychologist or psychiatrist? No 1 2 3 4 5
71. Do you take medications to stay awake/fall asleep? \_\_\_\_\_yes\_\_\_\_\_no
72. Do you sleep in a water bed? \_\_\_\_\_yes\_\_\_\_\_no
73. Do you eat one to two hours before sleep? \_\_\_\_\_yes\_\_\_\_\_no
74. Do you smoke before sleep? \_\_\_\_\_yes\_\_\_\_\_no
75. Do you exercise before sleep? \_\_\_\_\_yes\_\_\_\_\_no
76. Do you sleep alone? \_\_\_\_\_yes\_\_\_\_\_no
77. Do you watch TV nightly in bed? \_\_\_\_\_yes\_\_\_\_\_no
78. Have you ever had a sleep study before? \_\_\_\_\_yes\_\_\_\_\_no
79. Do you have any relatives with a sleep disorder? \_\_\_\_\_yes\_\_\_\_\_no
80. Do you use recreational drugs? \_\_\_\_\_yes\_\_\_\_\_no

81. Do you experience any pain that keeps you from sleeping? \_\_\_\_\_yes\_\_\_\_\_no

If yes, list the location: \_\_\_\_\_

Pain type: \_\_\_\_\_dull\_\_\_\_\_aching\_\_\_\_\_sharp

What causes the pain? \_\_\_\_\_

What relieves the pain? \_\_\_\_\_



**PLEASE LIST YOUR INTAKE OF THE FOLLOWING**



Coffee\_\_\_\_\_per day

Liquor\_\_\_\_\_per day

Tea\_\_\_\_\_per day

Soda\_\_\_\_\_per day

Beer\_\_\_\_\_per day

Cigarettes\_\_\_\_\_per day

Cigars\_\_\_\_\_per day

Pipes\_\_\_\_\_per day

Snuff\_\_\_\_\_per day

Have you had any of the above today? \_\_\_\_\_yes\_\_\_\_\_no Circle which one(s) above.

Please list your medications, both prescription and over the counter. You may use the back of this form if needed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you allergic to any medications? \_\_\_\_\_yes\_\_\_\_\_no

If yes, please list the medication (s)\_\_\_\_\_

Any other known allergies? \_\_\_\_\_yes\_\_\_\_\_no

If yes, please list\_\_\_\_\_

\_\_\_\_\_



# HEALTH HISTORY



Please circle any problem(s) or illness(es) you have or have had.

- Heart disease      High blood pressure      Heart attack      Low blood pressure      Diabetes
- Asthma      Fainting      Dizziness      Headaches      Black outs      Epilepsy
- Hemophilia      Ringing of the ears      Back trouble      Hernia      Prostate trouble
- Mental problems      Allergies      Gout      Seizures      Bronchitis      Ulcers
- Cancer      Kidney problems      Bladder problems      Eye problems      Hearing problems
- Pneumonia      Meningitis      Arthritis      Heartburn      Impotence      Depression
- Venereal disease      Tuberculosis      Muscle cramps

Do you have any other past or present medical or psychiatric problems or have you had any recent surgeries? \_\_\_\_\_yes\_\_\_\_\_no

Please list: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have any of your family members had or currently have a sleep disorder? \_\_\_\_\_yes\_\_\_\_\_no

Please list: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Patient Signature**

\_\_\_\_\_  
**Reviewed By – Physician Signature**



**TEXAS NEUROLOGY, P.A. SLEEP DISORDERS CENTER**

**NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**THE EPWORTH SLEEPINESS SCALE**

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**

**1=slight chance of dozing**

**2=moderate chance of dozing**

**3=high chance of dozing**

<b>Situation</b>	<b>Chance of Dozing</b>
Sitting and reading	_____
Watching television	_____
Sitting inactive in a public place (movie theater or 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 quietly to someone	_____
Sitting quietly after lunch without alcohol	_____
In a car, while stopped for a few minutes in traffic	_____
	<b>TOTAL</b> _____

**I understand that I should not drive when sleepy or drowsy.**

\_\_\_\_\_  
**Patient Signature**

**TEXAS NEUROLOGY, P.A. SLEEP DISORDERS CENTER**  
**CONSENT FOR POLYSOMNOGRAPHY**

I understand I will be undergoing a sleep study. Electrodes and sensors will be attached to my body. The tape used may cause discomfort during removal and the tape or cream used may cause redness at the attachment site. During the study, I will be free to roll over in bed, but will have to ask for assistance to get out of bed to use the restroom. I will be observed by the technician on camera throughout the study. There are no significant risks to me during the study, and I understand the reason for the test and the procedure has been explained to me.

\_\_\_\_\_  
**Signature (patient or guardian)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature (witness)**

\_\_\_\_\_  
**Date**

**TEXAS NEUROLOGY, P.A. SLEEP DISORDERS CENTER**  
**PERMISSION TO PHOTOGRAPH AND/OR AUDIO-VIDEOTAPE**

I, \_\_\_\_\_,  
Patient/Guardian

hereby authorize the taking of photograph(s) and/or audio-videotape(s)

of \_\_\_\_\_.  
Name of Patient

By the Texas Neurology, PA staff, with the understanding that such photograph(s) and/or videotape(s) may be used for clinical or educational purposes or in the event of legal action. Texas Neurology, PA and trustees of Texas Neurology, PA and its duly appointed representatives are hereby released without recourse from any liability arising from the taking and use of such photograph(s) and/or videotape(s).

The undersigned also hereby transfers and assigns to Texas Neurology, PA the right to copy the materials in whole or in part. Any use of the tape for medical education will not identify me by name.

( ) Check here if you do NOT authorize use for educational purposes

\_\_\_\_\_  
Signature (patient or guardian)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship (if guardian)

\_\_\_\_\_  
Signature (witness)

\_\_\_\_\_  
Date

# **Texas Neurology, P.A. Sleep Disorders Center**

**7001 Preston Road, Suite 404 Dallas, TX 75205**

**(214)443-5154**

## **Directions to Sleep Center from the North**

### Central Expressway

Travel South on Highway 75 to Northwest Hwy  
Exit Right onto Northwest Hwy and Turn Left on Preston Road  
(South West corner of intersection at Lovers Lane)  
Go past Lovers Ln on Preston and Turn Right on Hyer Street  
Turn Right into underground garage parking with your code.  
We are on the 4<sup>th</sup> floor, suite 404.

### North Dallas Tollway

Travel South on Tollway to Northwest Highway  
Exit Left onto Northwest Hwy and Turn Right on Preston Road  
(South West corner of intersection at Lovers Lane)  
Go past Lovers Ln on Preston and Turn Right on Hyer Street  
Turn Right into underground garage parking with your code.  
We are on the 4<sup>th</sup> floor, suite 404.

### Stemmons Freeway (I-35)

Travel South on Interstate 35 to Mockingbird Lane  
Exit Left onto Mockingbird Ln and Turn Left onto Preston Road  
(South West corner of intersection at Lovers Lane)  
Turn Left on Hyer Street before Lovers Lane  
Turn Right into underground garage parking with your code.  
We are on the 4<sup>th</sup> floor, suite 404.

## **Directions to Sleep Center from the East**

### Mesquite

Travel 30 West to 75 North (Central Expwy)  
Exit Left onto Mockingbird Ln and Turn Right onto Preston Road  
(South West corner of intersection at Lovers Lane)  
Turn Left on Hyer Street before Lovers Lane  
Turn Right into underground garage parking with your code.  
We are on the 4<sup>th</sup> floor, suite 404.

### Garland

Take Garland Road to Northwest Hwy West  
Turn Left on Preston Road  
(South West corner of intersection at Lovers Lane)  
Go past Lovers Ln on Preston and Turn Right on Hyer Street  
Turn Right into underground garage parking with your code.  
We are on the 4<sup>th</sup> floor, suite 404.

## **Directions to Sleep Center from the South**

### Highway 175

Travel 175 West to 75 North (Central Expwy)  
Exit Left onto Mockingbird Ln and Turn Right onto Preston Road  
(South West corner of intersection at Lovers Lane)  
Turn Left on Hyer Street before Lovers Lane  
Turn Right into underground garage parking with your code.  
We are on the 4<sup>th</sup> floor, suite 404.

### Interstate 20

Travel 20 East to 75 North (Central Expwy)  
Exit Left onto Mockingbird Ln and Turn Right onto Preston Road  
(South West corner of intersection at Lovers Lane)  
Turn Left on Hyer Street before Lovers Lane  
Turn Right into underground garage parking with your code.  
We are on the 4<sup>th</sup> floor, suite 404.

### Interstate 45 (Ennis)

Travel 45 North to 75 North (Central Expwy)  
Exit Left onto Mockingbird Ln and Turn Right onto Preston Road  
(South West corner of intersection at Lovers Lane)  
Turn Left on Hyer Street before Lovers Lane  
Turn Right into underground garage parking with your code.  
We are on the 4<sup>th</sup> floor, suite 404.

## **Directions to Sleep Center from the West**

### Interstate 30

Travel 30 East to 75 North (Central Expwy)  
Exit Left onto Mockingbird Ln and Turn Right onto Preston Road  
(South West corner of intersection at Lovers Lane)  
Turn Left on Hyer Street before Lovers Lane  
Turn Right into underground garage parking with your code.  
We are on the 4<sup>th</sup> floor, suite 404.

### Highway 114 (from DFW Airport using the North exit)

Travel East on Highway 114 to the Intersection of 183  
Take 183 East almost to Interstate 35 merge  
Exit Left onto Mockingbird Ln and Turn Left onto Preston Road  
(South West corner of intersection at Lovers Lane)  
Turn Left on Hyer Street before Lovers Lane  
Turn Right into underground garage parking with your code.  
We are on the 4<sup>th</sup> floor, suite 404.



