Post Sleep Questionnaire

How many times did you awaken during the night? ___________

Were these awakenings associated with any of the following:

- Pain
- Gasping
- Choking
- Snoring
- Headache
- Need to urinate
- Nightmares
- Leg discomfort
- Anxiety
- Heartburn

When you awoke in the morning did you have any of the following symptoms?

- Headache
- Dry mouth
- Sore throat
- Sore jaw

If you have a partner to ask, did they hear you snore or gasp for breath?

- Yes
- No

Comment: __________________________________________

Answer the following question using a scale from 1 to 5, where 1 indicates very poor and 5 indicates very well.

<table>
<thead>
<tr>
<th>Questions</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>How well did you sleep last night?</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Do you have any additional comments?</td>
<td>____________________</td>
</tr>
<tr>
<td></td>
<td>____________________</td>
</tr>
<tr>
<td></td>
<td>____________________</td>
</tr>
</tbody>
</table>

Patient Name: ____________________
Date: ____________________
Start time: ________________  End Time: ______

Sleep Log Documentation

Gathering home sleep test information

For your at home sleep test, it’s important to gather information on your activities before and during the sleep test. Certain activities, such as caffeine consumption can affect your sleep and subsequently the quality of your sleep test. Use this sleep log to help you note your activities before and during your sleep test. Having this information will help your doctor determine the accuracy of your sleep test results.
Sample Sleep Log

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00 pm</td>
<td>Quantity _________ &amp; type of beverage __________________________, consumed before going to bed.</td>
</tr>
<tr>
<td>10:30 pm</td>
<td>Watched T.V. in bed</td>
</tr>
<tr>
<td>11:20 pm</td>
<td>Went to bed: &lt;br&gt;☑ with my oral appliance &lt;br&gt;☑ with my CPAP</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>1:00 am</td>
<td>Woke up and turned off the T.V.</td>
</tr>
<tr>
<td>5:00 am</td>
<td>Used the bathroom</td>
</tr>
<tr>
<td>5:30 am</td>
<td>Cat woke me up</td>
</tr>
<tr>
<td></td>
<td>Fell back to sleep</td>
</tr>
<tr>
<td>7:00 am</td>
<td>Woke up and started my day.</td>
</tr>
</tbody>
</table>

Sleep Test Information

Sleep Position

In what position do you normally fall asleep?

☐ Right side  ☐ Back  
☐ Left side  ☐ Stomach

Please fill out your sleep log to the best of your recollection, approximately indicating the times you were:

☐ Not sleeping  ☐ Drinking liquids/eating food
☐ Getting up for any reason  ☐ Taking medications
☐ Adjusting the MediByte  ☐ Performing any activities

Woke up and started my day.