

Sleep Disorder's Center

1200 7th Avenue North
St. Petersburg, FL 33705
O: 727.820.7424
F: 727.820.7431



CONFIDENTIAL

Patient:

You have been scheduled for an overnight sleep study (polysomnogram) at the St. Anthony's Hospital Sleep Disorder's Center.

You should check in at the **St. Anthony's Sleep Disorders Center by 8:30 p.m. (enter through the ground floor parking garage)**. You will be finished with the test and ready to leave by no later than 6:30 a.m. the following morning. Before the test, you will be shown a video about the treatment of sleep apnea and your questions will be answered. You will be hooked up to some wires before bedtime (11:00 p.m.). You will be able to get out of bed during the night if necessary.

A map and instructions to follow before your sleep study are enclosed. If you are scheduled for a nap study the next day please read the attached information sheet.

If you cannot keep this appointment, you must contact our scheduling office 48 hours prior to your study date. If your normal sleeping hours **are not** during the night due to your work schedule, please contact our office as soon as possible. The scheduling office is open Mon. – Fri., 8:00 a.m. – 3:00 p.m., phone (727) 820-7424.

Overnight Sleep Study

Night & Date:

Time: 8:30 PM

Place: The Sleep Disorders Center
St. Anthony's Hospital
1200 7th Avenue North
St. Petersburg, FL 33705-1300

- **Press the white button at the parking garage entrance and tell the operator "who you are and that you are here for a Sleep Study".**

Please turn page over for "Preparing for a Sleep Study"

Sleep Disorder's Center

1200 7th Avenue North
St. Petersburg, FL 33705
O: 727.820.7424
F: 727.820.7431



Preparing for a Sleep Study

INSTRUCTIONS TO FOLLOW THE NIGHT/DAY BEFORE YOUR SLEEP STUDY:

1. **Keep your usual bedtime** schedule the night/day before your study.
2. **Avoid “sleeping in” or napping** on the day of your study.
3. **Avoid any activities that may interfere with your sleep** on the night/day of your study.
4. **Avoid any beverages or food items containing caffeine** on the day/night of your study.
5. **It is best to avoid alcohol for 1 week** prior to your study.
6. **Take all medications as prescribed by your physician unless told otherwise by your physician.**
**Bring prescribed medications, over-the-counter products, head-ache medicines, diabetes supplies and breathing treatment supplies that you need to take or use at night with you in its original labeled bottle/package, we are not a nursing department and do not have medications on hand. **If you are taking any sleeping medications, we recommend that you do not drive following the test.
7. **You should shower and wash your hair** prior to coming to the Sleep Center, **do not** use any oils, mousse, tonics or hairspray on your hair.

WHAT TO BRING:

1. **You must bring your Insurance Card, Photo ID and your Sleep Study Prescription** (if you have one).
2. **Bring loose comfortable clothing to sleep** in (i.e. pajamas, a baggy sweat suit, or shorts and a T-shirt). Long nightgowns are not suggested they may interfere with testing. Technologist reserve the right to not perform the sleep study if you **DO NOT** bring sleeping clothes with you. Sleeping in the nude is **NOT** permitted.
3. **Bring any toiletries** you may want before/after the study. There are restrooms and a shower in the Sleep Disorders Center.
4. **Please eat your evening meal/breakfast before arriving.** Bring any special diet snack foods that you may require before bed. We will have light snacks and ice water, juice, hot decaf coffee or tea available. If you are scheduled for daytime testing the following day, breakfast and lunch will be provided. Please let us know in advance if you require a special diet (i.e. diabetic, vegetarian, etc.).
5. Bring any items such as **a good book or favorite pillow** that will make your stay more comfortable. A TV is located in the patient living room for viewing. Bedtime will be no later than 11:00 PM/8:00 AM.
6. **Do not bring any jewelry or valuables with you.**

WE REQUIRE 48 HRS. NOTICE TO CANCEL OR RESCHEDULE YOUR APPOINTMENT

For any other questions call the Sleep Disorder's Center at 727-820-7424

Sleep Disorder's Center

1200 7th Avenue North
St. Petersburg, FL 33705
O: 727.820.7424
F: 727.820.7431



Sleep Questionnaire

Last Name: _____ First Name: _____ Date of Birth: _____

Height: _____ Weight: _____ Lbs. Social Security: _____ - _____ - _____

Phone: _____ Alt. Phone: _____ Email: _____

Whose idea was it to go to the Sleep Center? Mine My sleeping partner My doctor's
 Other: _____

What is your sleep problem/complaint? Check all that apply:

I have trouble falling asleep because?

I wake up frequently because?

I don't get enough sleep.

I feel tired or sleepy when I shouldn't.

I fall asleep when I shouldn't.

I snore very loudly.

I stop breathing or I have been told that I stop breathing in my sleep.

I do strange things while I'm asleep, such as: _____

I become paralyzed while falling asleep or waking up.

I become paralyzed with emotion.

I have unusual or vivid or disturbing dreams.

I grind my teeth when I'm sleeping.

Other: _____

Do any other family members have the same or similar problem? NO YES

List any medical conditions for which you are currently being treated:

List all medications that you take daily or regularly; over-the-counter drugs as well as prescriptions:

Do you smoke? NO YES – how much? _____

Do you drink alcohol? NO YES – how much? _____

Do you feel that you are currently under any unusual stress, emotional strains or depression?

NO YES If yes, please explain:

PLEASE BRING COMPLETED QUESTIONNAIRE TO YOUR SLEEP STUDY

Sleep Disorder's Center

1200 7th Avenue North
St. Petersburg, FL 33705
O: 727.820.7424
F: 727.820.7431



Epworth Sleepiness Scale

Name _____ Date _____

Age _____

Male

Female

Other than just feeling tired, how likely are you to doze off or fall asleep in the following situations? This refers to your usual way of life in recent times. Even if you have not done some of these things lately, 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

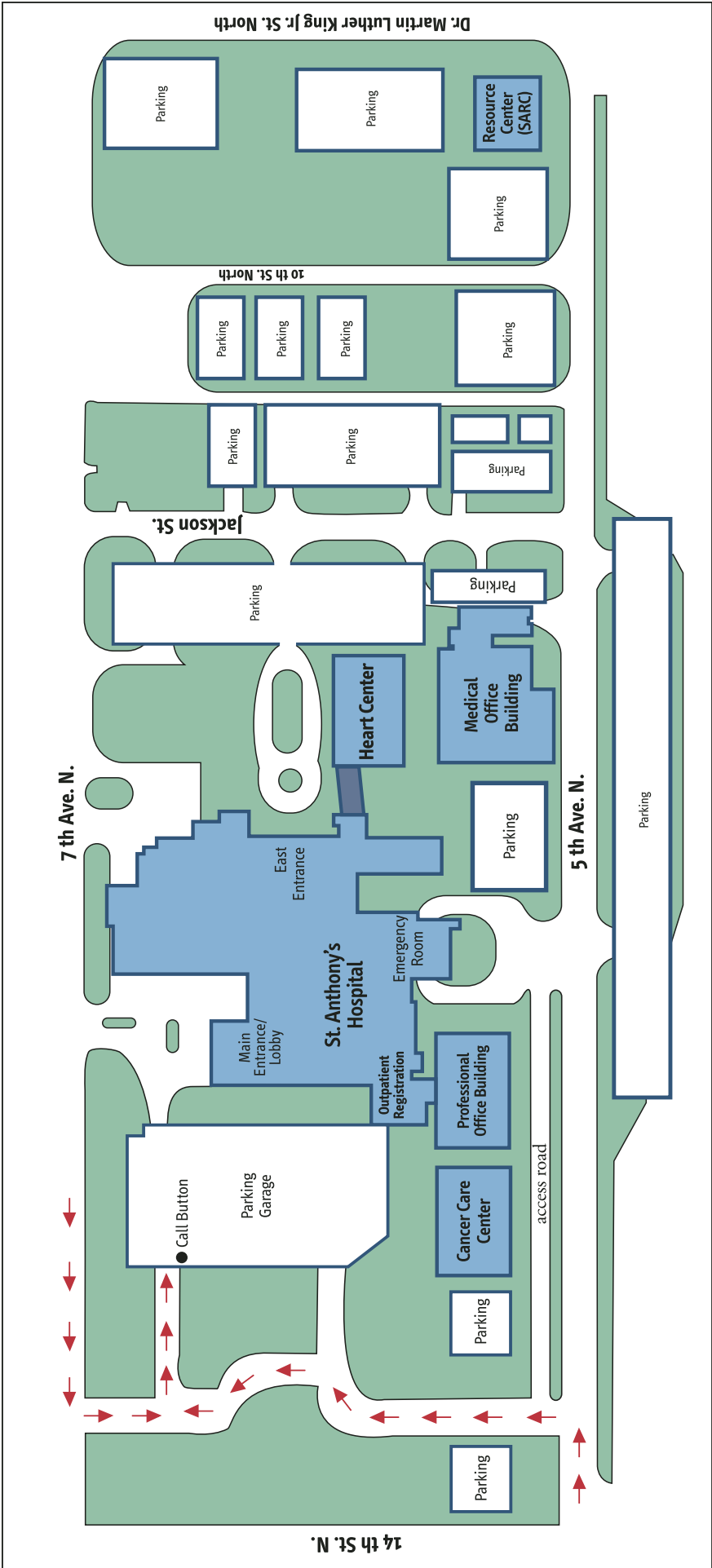
3 = **High** chance of dozing

<u>Situation (circle the most appropriate number)</u>	<u>Chance of Dozing</u>			
Sitting and reading	0	1	2	3
Watching TV	0	1	2	3
Sitting inactive in a public place (e.g. a theater or a meeting)	0	1	2	3
As a passenger riding in a car for an hour	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 stopped a few minutes in traffic	0	1	2	3

Total Score (add all responses) _____

PLEASE BRING COMPLETED QUESTIONNAIRE TO YOUR SLEEP STUDY

Sleep Disorders Center



Driving directions on back.

Sleep Disorders Center—Directions

From Tyrone Area:

- Take 5th Ave. N. headed east toward I-275.
- Follow 5th Ave. N. past I-275 and 16th St. N.
- Just past 14th St. N. is the entrance to the parking garage (on your left).
- Follow the driveway to the parking garage entrance, but do not go into the main garage entrance.
- Turn left and follow the access road to the second entrance on the right side. This is the physician's parking entrance.

From South Pinellas:

- Take Dr. Martin Luther King Jr. Street north.
- Turn left onto 5th Ave. N.
- Just past the Emergency Department entrance you will approach the Cancer Care Center entrance.
- Turn right into the Cancer Care parking lot entrance.
- Follow the driveway back to the parking garage entrance, but DO NOT go into the main garage entrance.
- Turn left and follow the access road to the second entrance on the right side. This is the physician's parking entrance.

From Gandy Area:

- Travel across the Gandy Bridge headed west toward St. Petersburg.
- Turn left onto 4th St. traveling south.
- Turn right onto 5th Ave. N.
- Follow 5th Ave. N. past Dr. Martin Luther King Jr. Blvd. and Jackson St.
- Just past the Emergency Department entrance, you will approach the Cancer Care Center exit.
- Turn right into the Cancer Care parking lot entrance.
- Follow the driveway to the parking garage entrance, but do not go into the main garage entrance.
- Turn left and follow the access road to the second entrance on the right side. This is the physician's parking entrance.

From Tampa:

- Take I-275 South (over the Howard Frankland Bridge) to the 5th Ave. N. exit (#23B).
- At the end of the ramp, head east (left) on 5th Ave. N.
- Continue on 5th Ave. N. past 16th St. N.
- Just past 14th St. N. turn left into the Cancer Care parking lot entrance.
- Follow the driveway to the parking garage entrance, but do not go into the main garage entrance.
- Turn left and follow the access road to the second entrance on the right side. This is the physician's parking entrance.

-
1. Enter the UNDERGROUND Parking Garage on 7th Avenue (not the main entrance in front but the back entrance of the garage). There is a blue sign that reads "Physician's Parking". You must stop at the gate and press the white button.
 2. If an operator asks you to identify yourself, respond by telling them who you are and that you are here for a sleep study. If you are not asked to identify yourself and the entrance arm raises, enter the garage and drive forward and turn right at the last row.
 3. Park near the CENTER entrance to the hospital. You may park in the Parking Area Reserved for Physicians.
 4. DO NOT use the elevators at the far end of the parking garage. You must enter at the Center entrance on the ground level. There will be a sign that reads "Sleep Disorders Center".

The Sleep Technologist will meet you at the double doors.

If the technologist is not there, call 820-7424 and inform the technologist that you are here.