



Post Sleep Study Questionnaire

Heal your night – Live your life

HealthySleepCare

Dear patient,

Thank you for selecting us to provide you with your sleep care and to provide you with sleep study. Answering these questions will help us be able to better interpret your sleep study and formulate plan of your care.

Patient Name: _____ **Date:** _____

- How many hours do YOU think you slept last night?
- To you your last night sleep felt the same, shorter or longer than usual?
- How long do you think it took you to fall asleep last night?
- Was this the same, shorter or longer than usual?
- How many times do you remember waking up last night?
- How long do you remember being awake during the night?
- Did you have difficulty falling sleep in the middle of the night? Please explain.

- This morning, do you feel: more alert than usual same as usual less alert than usual

- If you were asked to use the mask and head gear while you were asleep
 - a. Do you think if it improved your sleep?
 - b. Do you think the final mask used was comfortable?

- Was last night's sleep quality better, worse or the same compared to usual?

- What medication did you take prior to sleep last night?

- Did you have any problems sleeping in the lab? If yes please describe:

- Do you have any comments about your study?

- Do you have any comments about sleep center or staff?
You also can call 925 849 6634 and talk confidentially to Ms. Aida Sanchez about this question.