



SLEEP - PET SIGNAL VERIFICATION FORM

ID NUMBER:

FORM CODE:

S	V	F
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DATE: 10/19/2016
Version 1.0

ADMINISTRATIVE INFORMATION

0a. Completion Date: / /
Month Day Year

0b. Staff ID:

0c. Monitor ID#:

0d. Date of Study: / /
Month Day Year

0e. Time of Arrival: :
(24 hour clock)

0f. Time of Departure: :
(24 hour clock)

Impedances (Record value in kohms)

Use first impedance value; if > 10 (except ECG, which can be ≤ 40) check each individual channel to identify the problem channel. Replace the sensor and recheck.

	a. First Check	b. Final Check	c. # of times electrode replaced
1. EOG Left			
2. EOG Right			
3. EEG 1 (F4/A1)			
4. EEG 2 (C3/A2)			
5. EEG 3 (C4/A1)			
6. EEG 4 (O2/A1)			
7. EMG (chin)			
8. ECG			
9. EMG (left leg)			
10. EMG (right leg)			

View Signals

	a. Good Deflection?		b. Fuzzy Line?		Value
	Yes	No	Yes	No	
11. EOG Left					
12. EOG Right					
13. EEG 1					
14. EEG 2					
15. EEG 3					
16. EEG 4					
17. EMG (chin)					
18. ECG					
19. EMG (Left Leg)					
20. EMG (Right Leg)					
21. Thoracic Belt					
22. Abdominal Belt					
23. Thermistor					

	a. Good Deflection?		b. Fuzzy Line?		Value
	Yes	No	Yes	No	
24. Nasal Cannula					
25. Oximeter*					
26. Pulse**					
27. Manual Pulse**					

*If Oximetry reading < 88%, reposition, check sensor, consult Medical Alerts

** If Pulse reading > 120 bpm or <30 bpm, check for 2 minutes, consult Medical Alerts

28. Was hook-up completed? Y Yes **GO TO ITEM 28b**
 N No

- 28a. If no, why not? 1 Participant not home **GO TO ITEM 28b**
 2 Participant sick/indisposed **GO TO ITEM 28b**
 3 Participant refused entry into home **GO TO ITEM 28b**
 4 Participant refused hook-up **GO TO ITEM 28b**
 5 Participant could not tolerate hook-up **GO TO ITEM 28b**
 6 Other

28a1. If other, specify: _____

28b. Was the PSG study rescheduled? Y Yes N No **GO TO ITEM 29**

28b1. Date: / /
 Month Day Year

29. Were any environmental conditions present which could cause problems with sleep monitoring?
 Y Yes N No **GO TO ITEM 30**

29a. If yes, describe: _____

30. Does the participant have a beard? Y Yes N No **GO TO ITEM 31**

30a. If yes, where were chin EMGs placed? _____

31. Describe any problems with hook-up or sensor checks: _____

32. Were any medical alerts or adverse events noted? Y Yes N No **GO TO ITEM 33**

32a. If yes, describe: _____

33. Was the study physician notified of potential Medical Alert? Y Yes N No **END OF FORM**

If yes:

33a. Date physician notified: / /
 Month Day Year

33b. Physician: _____

33c. Notifier: _____

33d. Action taken _____
