INSTRUCTIONS FOR THE COMPREHENSIVE SLEEP REPORT FORM (SRF)

I. General Instructions

The SRF Form summarizes results of polysomnography (PSG). Importantly, it documents whether or not any alerts were detected and the date participants were notified of the alert. The form will need to be filled out on paper initially, and then transcribed to the DMS. Only one record per invited participant is expected for this form.

The study scorer—a registered polysomnographic technologist (RPSGT)—should complete the sections labeled for completion by the scorer within 12 hours of the end of the PSG data collection. If the scorer detects any alerts, he or she should document this in the form and notify the study sleep physicians (Dr. Mark Wu or Dr. Naresh Punjabi) immediately.

II. Detailed Instructions for Each Item

ID Number. Enter the participant's study ID number.

0a-0b. The scorer should record the date that s/he begins completing the SRF and enter the staff ID in these fields.

0c. Enter the date on which the participant was wired for the PSG.

1a-h. The scorer should fill in the blanks with the relevant sleep architecture data

2a-g. The scorer should fill in the blanks with the relevant data concerning sleep-disordered breathing and periodic limb movements.

ALERTS Table

3a-d, 4a-e. For these items, the scorer should write Y (yes) or N (no) in the "Scorer: Alert?" column to indicate whether or not each alert is noted. If any alerts are present, the scorer should notify the study sleep physicians immediately.

After the sleep physicians receive notification of an alert from the scorer, they should review the sleep study ASAP to verify whether or not an alert is truly present. They should document this in the "Physician: Alert?" column for every row of the ALERTS Table (Y or N, as above) and notify participants of any alerts according to the time frame in the "Notification Deadline" column.

The sleep study physicians will be asked to help draft a letter with any nonimmediate alerts, or PSG results regarding SDB to participants to be sent to the participant and to their primary care physicians (if a release and physician contact info are provided). They will also notify by telephone any participants with an apnea-hypopnea index ≥30 or with serious cardiac abnormalities noted on ECG.

After notifying participants, sleep physicians should print their names, sign, and date the paper form of the SRF. An additional alerts report may need to be updated to indicate that an alert was dealt with, so the study physician (Dr. Gottesman) should be notified when an alert is managed by letter or phone.