

Night and Day Sleep Services – Staten Island
1 Teleport Dr, Ste 200-A Staten Island, NY 10314
www.nightanddaysleep.com

Fax to: 914-333-5925
Attn: Sleep Referral Coordinator
Tel: 914-333-5813

PATIENT INSTRUCTIONS FOR CARDIORESPIRATORY SLEEP STUDY

In order to have the best chance of falling asleep during your nap study, please follow the instructions listed below:

We would like you to be slightly sleep deprived so you will be able to fall asleep during your nap study. Therefore, we ask that you please stay awake 1-2 hours later than usual the night before the test and/or get up 1-2 hours earlier than usual the morning of the test. Or you can rearrange your sleep pattern in order to make you sleepy enough for your nap.

WE RECOMMEND THAT YOU DO NO DRIVE because you will be slightly sleep deprived. Please have someone drive you to our center and then pick you up after the test.

DO NOT TAKE A NAP prior to the test.

We recommend that you eat lunch 1-2 hours before your nap. This can sometimes increase your sleepiness. However, AVOID ALL ITEMS THAT CONTAIN CAFFEINE SUCH AS COFFEE, TEA, CHOCOLATE, SOFT DRINKS.

Allow 3-4 hours for your nap study appointment.

Wear loose, comfortable clothing.

Feel free to bring a favorite pillow or blanket.

Take medication as usual, with the exception of stimulant medication. Please wait to take stimulant medication until after the PAP-NAP. If you need to take medication during your nap study, please bring it with you.

If you think music will help you fall asleep, you may bring an iPod or CD player of your choice.

Good nasal breathing is very important for this nap study. Therefore, if you have allergies, please treat them as usual. If you have a cold or feel ill, we recommend you reschedule the test.

Your appointment date is: _____ at _____.

I agree to the above instructions and will take all precautions necessary to safely arrive at Night and Day Sleep services of Staten Island prior to my study.

Patient Signature (Responsible Party if Patient is a Minor)

Date of Service

Witness Signature

MENTAL IMAGERY SELECTIVE SURVEY (MISS-7)

Imagery or imagination is a process in which we use our mind's eye to picture of feel things. The mind's eye can see many different types of images, including places, faces, memories and other things. Imagery is similar to the way we "see" our dreams. People use imagery differently, depending on their natural skill, their situations or circumstances, or their past experiences, which may have affected their imagery skills. The following questions will help us better understand your imagery skills.

Ability

1. Are you aware of your ability to use your mind's eye to picture images? Yes___ No___
2. While awake, do you notice that you use your mind's eye to see images? Yes___No___
3. If you were to sit in a quiet and comfortable place, how would you rate your ability to picture images in your mind of a garden, beach or some other pleasant experience or situation?
(Check one below)
 Extremely easy to imagine, like a photograph or the real thing
 Very easy to imagine
 Easy to imagine
 Not especially easy or difficult
 Difficult to imagine
 Very difficult to imagine
 Extremely difficult to imagine or picture things in my mind

Barriers

4. Do you ever experience difficulty picturing images in your mind? Yes___ No___
5. While awake, do you experience unpleasant images or intrusive memories (memories that get in the way or memories you try not to have)? Yes___ No___
 - a) If yes, do these negative images sometimes get "stuck" in your mind? Yes___ No___
 - b) If yes, do you have difficulty getting these images "unstuck"? Yes___ No___
6. Do you have any fear or anxiety when using your mind's eye to view images? Yes___ No___
 - a) If yes, please explain: _____

7. Before today, have you imagined or "seen yourself" in your mind's eye wearing the PAP mask? Yes___ No___
8. Have you had any negative images in your mind's eye about using the PAP mask?

NOSE – 30

Sound Sleep cannot be achieved without excellent to outstanding nasal breathing. To learn more about how your nose functions day and night and to learn about your own efforts to improve nasal breathing, please mark the appropriate square matching your answer for each of the following questions.

Part I: Nasal Allergies & Congestion	Never or N/A	Rarely	Occasionally	Frequently	Always or Every Day
My nose is congested, stuffy, or runny during the day					
My nose is congested, stuffy, or runny at bedtime					
I wake up at night with a congested, stuffy or runny nose					
I wake up in the morning with a congested, stuffy or runny nose					
Congestion, stuffiness or a runny nose disrupts my sleep					
I suffer from allergies year round					
My allergies are poorly controlled					
I use non-prescription nasal sprays to treat my allergies					
I use prescribed nasal steroid sprays to treat my allergies					
I use antihistamines to treat my allergies					
I consistently treat my congestion, stuffiness or runny nose					
I use nasal saline washes for my congestion, stuffiness or runny nose					
I take steam showers at bedtime to clear my nasal passages					
I breathe through my mouth because of blockages in my nose					
Keeping my nasal passages clear helps me sleep better					
I have used nasal strips at bedtime to keep my nose open					
My allergy treatments work very well					
Changes in temperature stuff up or make my nose run					
Changes in weather stuff up or make my nose run					
Wind blowing in my face stuffs up or make my nose run					
My nasal symptoms could interfere with treatment of my sleep problems					

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Part II: Airway Anatomy	Never or N/A	Rarely	Occasionally	Frequently	Always or Every Day
My nose has a deviated septum					
I can breathe through both nostrils about the same					
Sinus problems worsen my nasal breathing					
My tonsils are enlarged					
I might need surgery on my nose or tonsils to breathe better					
My tonsils have been removed					
I have had surgery on my nose					
I have broken my nose in the past					
I mouth breathe during sleep					