



SLEEP HEART HEALTH STUDY

SIGNAL VERIFICATIONS

ID#: **PPTID**
 Field Center: **SITE51**
 Technician ID: **TECHID51**
 Monitor ID/Headbox ID: **MONID51 / HBOXID51**
 Date of Study: **DATE51**
 Time of Arrival: **TMARRH51 : TMARRM51**
 Time of Departure: **TMDEPH51 : TMDEPM51**

Fill in each box. Empty boxes will be interpreted as indicating check not performed.

Impedances (Record Value in kohms)			
	First Check * (Both)	Final Check (use 1st check if orig. placement was accurate)	# Times Electrodes Replaced ("0" if original = final)
EEG 2 (C)	EEG2FS51	EEG2FI51	EEG2TR51
ECG	ECG2FS51	ECG2FI51	ECG2TR51
EMG	EMG2FS51	EMG2FI51	EMG2TR51
EOG - L	EOGLFS51	EOGLFI51	EOGLTR51
EOG - R	EOGRFS51	EOGRFI51	EOGRTR51
EEG 1 (C)	EEG1FS51	EEG1FI51	EEG1TR51

* Indicate first impedance value; if > 10 (except ECG-40) check each individual channel to identify the problem channel. Replace the higher sensor and recheck both.

View Signals					
	Good Deflection		Fuzzy Line		Value
	Yes	No	Yes	No	
EEG 2			EEG2FL51 1 0		
ECG	ECGGD51 1 0		ECG2FL51 1 0		
EMG Chin	EMGCGD51 1 0		EMGCFL51 1 0		
EOG - L	EOGLGD51 1 0		EOGLFL51 1 0		
EOG - R	EOGRGD51 1 0		EOGRFL51 1 0		
EEG 1			EEG1FL51 1 0		
Chest	CHSTGD51 1 0		CHSTFL51 1 0		
Abdomen	ABDMGD51 1 0		ABDMFL51 1 0		ABDMV51
Thermistor	THRMGD51 1 0		THRMFL51 1 0		THRMV51
Oximeter *					OXIMET51
Pulse **					PULSE51
Manual Pulse **					MANPLS51
Battery Check					BATTCK51

* (If <88% re-position, check sensor, consult Med Alerts)
 (If > 120 or < 30, check for 2 minutes; consult Med Alerts for HR > 150)

CALIBRATION CHECKS (Mark each box after performing specific calibration.)

Data entry: Enter 1 if check performed, 0 if check not performed.

Pos: **BKCAL51** Back Front **FRTCAL51**

LSDCAL51 L Side R Side **RSDCAL51**

Light: **LTON51** On Off **LTOFF51**

ECG placement: (check one) **ECGPLC51**

₁ subclavicular ₂ modified CL5

Montage used for ECG: (check one) **MONTAG51**

₁ SHHS (standard) ₂ SHHS_2 (250 Hz)

Environmental Conditions:

1. Was hookup completed? ₁ YES **HUCOMP51**
₀ NO → Why not? **WHYNOT51**
₁ Participant not home
₂ Participant sick/indisposed
₃ Participant refused entry in home
₄ Participant refused Informed Consent
₅ Participant refused hookup
₆ Participant could not tolerate hookup
₇ Other: **INCOTH51** _____

RESCHD51 Was study rescheduled? ₀ NO ₁ YES **RSDATE51** (date)

2. Were any environmental conditions present which could cause problems with sleep monitoring? **EVCON51**
₁ YES
₀ NO

Comments: **EVCMT51** _____

(Check "Yes" if ≥ 3 people sleeping in room; extremely cold or hot; or frequent noises in home or outside home, etc.)

3. Does participant have a beard? **BEARD51** ₁ YES
₀ NO

If yes, were alternative placement sites needed? ₁ YES **ALTPLC51**
₀ NO

If yes, which ones and where placed: **WHERE51** _____

Describe any problems with hook-up or sensor checks: **PROBLM51** _____

4. Were any Medical Alerts or Adverse Events noted? ₁ YES **MALERT51**
₀ NO

If yes, complete the Adverse Events form.

Participant Data (from Recorder): ID#: **RPPTID51** _____
Field Center: **RSITE51** _____
Technician ID: **RTECHID51** _____
Monitor /Headbox ID: **RMONID51** / **RHBID51** _____
Start Test: **TSTHR51** **TSTMN51**₁/pm **TSTAP51**
End Test: **TENDHR51** **TENDMN51**_m **TENDAP51**