



Field Site ID: CLINIC
 Participant ID#: PPTID
 Alpha Code: SHHS
 Date of sleep study hookup:
FORMDATE - 2 / 0 / 0
month day year
 Visit ID Code: F 0 2 **VISIT**
 Form & revision: S V 3 **FORMREV**
 Form sequence #: FORMSEQ

Instructions: Key data into field site data system. Copy completed form for field site records, then send original to Sleep Reading Center with sleep study disk.

1. Was hookup completed? ₁ Yes ₀ No **sv301**

(If Yes, skip to item 2)

sv301a a. Why not?

- 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: sv301as

sv301b b. Was study rescheduled? ₁ Yes ₀ No **→ (skip to item 32.)**

sv301c c. For what date was study re-scheduled? / / 2 / 0 / 0
month day year
Skip to item 32.

Please complete, but information in box is for RC use and will not be data entered.

Participant ID#: _____

Technician ID: _____

Monitor /Headbox ID: _____ / _____

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

Impedances (Record Value in kohms)

	a. First Check § (Both)	b. Final Check (use 1st check if orig. placement was accurate)	c. # Times Electrodes Replaced ("0" if original = final)
2. EEG 2 (C3/)	sv302a	sv302b	sv302c
3. ECG	sv303a	sv303b	sv303c
4. EMG	sv304a	sv304b	sv304c
5. EOG - L	sv305a	sv305b	sv305c
6. EOG - R	sv306a	sv306b	sv306c
7. EEG 1 (C4/)	sv307a	sv307b	sv307c

§ Indicate first impedance value; if > 10 (except ECG-30) check each individual channel to identify the problem channel. Replace the higher sensor and recheck both.

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

sv308a	a. Back	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Position
sv308b	b. Front	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
sv308c	c. L Side	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
sv308d	d. R Side	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
sv308e	e. Light On	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Lights
sv308f	f. Light Off	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

9. ECG placement: (check one) sv309

₁ standard clavicle to anterior rib ₂ alternate subclavicular

View Signals

	a. Good Deflection		b. Fuzzy Line		c. Value
	Yes	No	Yes	No	
10. EEG 2			sv310b		
11. ECG	sv311a		sv311b		
12. EMG Chin	sv312a		sv312b		
13. EOG - L	sv313a		sv313b		
14. EOG - R	sv314a		sv314b		
15. EEG 1			sv315b		
16. Chest	sv316a		sv316b		
17. Abdomen	sv317a		sv317b		
18. Thermistor	sv318a		sv318b		
19. Oximeter *					sv319c
20. Pulse **					sv320c
21. Manual Pulse **					sv321c
22. Battery Check					sv322c

* (If <80% re-position, check sensor, consult Med Alerts)

** (If > 120 or < 30, check for 2 minutes; consult Medical Alerts for HR > 150)

23. EMG chin placement (check one): sv323

- ₁ Submental
- ₂ Chin
- ₃ Other, specify sv323s

sv324 24. Was auto record feature used:

₁ Yes ₀ No

c. Time monitor manually turned on:

sv324c ₁ am ₂ pm

Skip to item 25.

a. Start Time: sv324ah : sv324am ₁ am ₂ pm sv324ap (Midnight is 12 am)
b. End Time: sv324bh : sv324bm ₁ am ₂ pm sv324bp

25. Describe any problems with hook-up or sensor checks.

sv325s

sv325t

sv325u

Environmental Conditions:

26. Were any environmental conditions present which could cause problems with sleep monitoring? sv326

₁ Yes (Check "Yes" if > 3 people sleeping in room; extremely cold or hot; or frequent noises in home or outside home, etc.)
₀ No

Comments: sv326s

27. Was another SHHS participant from the same household hooked up on the same date as this PSG study? sv327

₁ Yes ₀ No Skip to item 29.

a. Alpha Code of other participant: sv327a _____
b. Participant ID# of other participant: sv327b _____

28. Did the other SHHS participant sleep in:

sv328a a. Same bedroom: ₁ Yes ₀ No ₈ Don't know

sv328b b. Same bed: ₁ Yes ₀ No ₈ Don't know

If Participant ID# on monitor patient display does not match the participant being hooked up, correct at time of study download

Verification of flash card and monitor data: (To be read from monitor patient display)

29. Participant ID#: sv329 _____

30. Monitor /Headbox ID: sv330 _____ / _____

31. Montage: sv331 _____

Administrative Section

32. PSG Technician ID: sv332 _____ (Technician who performed PSG Hookup)

33. Time of arrival: sv333h : sv333m ₁ am ₂ pm sv333ap

34. Time of departure: sv334h : sv334m ₁ am ₂ pm sv334ap