This form was not included in the final analytic dataset

SLEEP HEART HEALTH STUDY

SLEEP STUDY EVALUATION
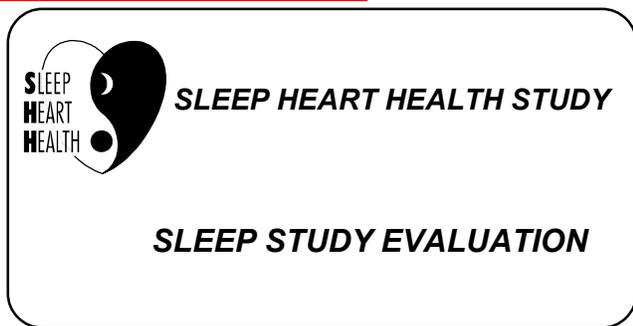
Field Site ID: CLINIC
Participant ID#: PPTID
Alpha Code: SHHS __ __
Date of sleep study hookup:
FORMDATE – 2 0 0 __
month   day   year
Visit ID Code: F 0 2   VISIT
Form & revision: S E 2   FORMREV
Form sequence #: FORMSEQ

Instructions: Fill out only for completed sleep studies. Key data into field site data system. Copy completed form, then send the copy to Sleep Reading Center with sleep study disk.

1. **Did participant ID# on monitor patient display match patient hooked up?** se201

☐ $_1$ **Yes**   ☐ $_0$ **No**

a. **ID# corrected at download?** se201a

☐ $_1$ **Yes**   ☐ $_0$ **No**

b. **Record number on monitor patient display.**

se201b _____

2. **Was a data file sent to the Sleep Reading Center?** se202

☐ $_1$ **Yes**   ☐ $_0$ **No**

a. **If "Yes", record date data file was sent to Sleep Reading Center:**

se202a __ __ – 2 0 0 __
month   day   year

b. **If "No", why?** *(check all that apply)*

☐ $_1$ **Equipment failure** se202b1

☐ $_1$ **Hook-up problem** se202b2

☐ $_1$ **Other,** *specify* se202b3
se202bs _____
se202bt _____

se203   3.   **Are there signals on each of the channels? (i.e., no "flat-lined" signal)**   ☐₁ **Yes**   ☐₀ **No**

se204   4.   **Is each channel mostly clear of artifact (thick fuzzy lines)?**   ☐₁ **Yes**   ☐₀ **No**

se205   5.   **Are there at least 6 hours of recorded data?**   ☐₁ **Yes**   ☐₀ **No**

se206   6.   **Are there at least 4 hours of oximetry data?**   ☐₁ **Yes**   ☐₀ **No**

- **If answer to any question 3 through 6 is "No," review study with Sleep Study Resource.**
- **If answer to question #6 is "No," record study on Study Log as "Inadequate" and do not transfer to the Sleep Reading Center. Notify Study Coordinator of need to repeat study.**

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7.   **Comments by Sleep Study Resource:**

se207s _____

se207t _____

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8.   **Has this study been rescheduled?**   se208

☐₁ **Yes**   ☐₀ **No**

a. **If "Yes", record date for rescheduled study:**

se208a __ __ – 2 0 0 __
month   day   year

Field Site Use Only

9. **Technician or Reviewer:** se209 _____ _____ _____

10. **Date:** se210 __ __ – 2 0 0 __ __
month   day   year