

B. Sleep Study Alerts

3. Was there a Sleep Study Alert: **ss403**

₁ Yes ₀ No → Skip to item 6.

4. Type of alert:

ss404a a. Heart rate > 150 bpm for ≥2 minutes ₁ Yes ₀ No

ss404b b. Heart rate < 30 bpm for ≥2 minutes ₁ Yes ₀ No

ss404c c. Oxygen saturation < 75% for > 10% TST ₁ Yes ₀ No

ss404d d. RDI ≥50 ₁ Yes ₀ No

C. Sleep Study Alert action

5. Was any action taken on the basis of the Sleep Study Alert: **ss405**

₁ Yes ₀ No → Skip to item 6.

If yes, specify action taken:

ss405s _____

ss405t _____

ss405u _____

ss405v _____

D. Administrative information

Field Site Use Only

6. Technician or Reviewer: **ss406** _____

7. Date: **ss407** _____ - 20____
 month day year