

1. Complete the questionnaire

HST America

Use the included tape to measure your neck size.



HST America

SLEEP HEALTH SURVEY

Make sure to complete all fields and sign the bottom of the form.

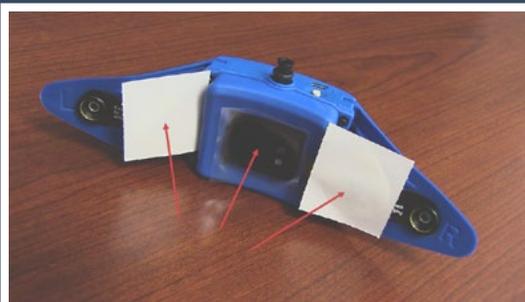
If any items are left blank we'll have to follow up after the test which draws out the time taken to get your results.

Patient Name: _____ Date of Birth: _____ Gender: _____ Weight (lbs): _____ Height (ft): _____ Neck Size (in): _____ <input type="checkbox"/> WM Ares (95800) <input type="checkbox"/> ApneaLink Air (95806) Serial #: _____			RISK POINTS Neck Size +2 Male ≥ 16.5 +2 Female ≥ 15 Score: _____
COMPLETELY FILL IN ONE SQUARE FOR EACH QUESTION - ANSWER ALL QUESTIONS Have you been diagnosed or treated for any of the following conditions?			Co-morbidities +1 for each Yes response Score: _____
High blood pressure <input type="checkbox"/> Yes <input type="checkbox"/> No Heart Disease <input type="checkbox"/> Yes <input type="checkbox"/> No Diabetes <input type="checkbox"/> Yes <input type="checkbox"/> No	Stroke <input type="checkbox"/> Yes <input type="checkbox"/> No Depression <input type="checkbox"/> Yes <input type="checkbox"/> No Sleep Apnea <input type="checkbox"/> Yes <input type="checkbox"/> No	Lung disease <input type="checkbox"/> Yes <input type="checkbox"/> No Insomnia <input type="checkbox"/> Yes <input type="checkbox"/> No Narcolepsy <input type="checkbox"/> Yes <input type="checkbox"/> No Sleep medication <input type="checkbox"/> Yes <input type="checkbox"/> No	Nasal oxygen use <input type="checkbox"/> Yes <input type="checkbox"/> No Restless leg syndrome <input type="checkbox"/> Yes <input type="checkbox"/> No Morning headaches <input type="checkbox"/> Yes <input type="checkbox"/> No Pain medication eg. Vicodin <input type="checkbox"/> Yes <input type="checkbox"/> No
EPWORTH SLEEPINESS SCALE How likely are you to doze off or fall asleep in the following situations, in contrast to just feeling tired? This refers to your usual way of life in recent times. Even if you have not done some of these things recently, try to work out how they would have affected you. Use the following scale to mark the most appropriate box for each. 0 = would never doze 1 = slight chance of dozing 2 = moderate chance of dozing 3 = high chance of dozing			Epworth Score Total the values from all 8 questions. If 11 or less score = 0 If 12 or more score = +2 Score: _____
FREQUENCY On average in the past month, how often have you snored or been told you snored? Check one for each question. 0 = never 1 = rarely 2 = sometimes 3 = frequently 4 = almost always			Assign points for each of the first three responses Score: _____
PATIENT DECLARATION I have personally completed this questionnaire. Patient Signature: _____ Date: _____ HST America Rep Signature: _____ Date: _____			Add scores from each section to form total score: _____ Scale Legend ≤3 - No risk 4-5 - Low risk 6-10 - High risk ≥11 - Very high

2. Prepare for sleep

- Turn off your TV, radio, fan or any other electronic device that may interfere with the microphone.
- If your bed partner snores loudly, you may want to have them sleep in another room.
- Thoroughly wash and dry your forehead.

3. Begin your sleep test



Remove the plastic covers from the electrodes and forehead sensor.



Hold the cannula tips against the unit and slide the strap over your head.



Center the ARES over your nose, place the cannula in your nostrils.



Grab the slip tube and pull towards the back of your head until snug.

When properly tightened, the cannula tips should not move more than $\frac{1}{4}$ inch from the nose.

When you are ready to sleep, switch the ARES on. An audio alert will play immediately.



Need assistance? Please call your RT or (702) 389-4935

If an alert sounds during the night, turn your head back and forth as if you are shaking your head “no”. Reposition the ARES on your forehead and tighten the cannula slip tube. The alarm will sound again if the problem is not properly resolved.

4. In the morning

When you wake up, remove the ARES by gently peeling the black sensor away from your forehead prior to completely removing the ARES from your head. Failure to do so may damage the sensor connector.

If the green light in front of the ARES is illuminated, switch the ARES “OFF”. If the light is no longer illuminated, the ARES has automatically stopped recording. This is normal; you do not need to turn the ARES off.

Return the ARES to the plastic bag.

If you have completed night one of the test, repeat the process outlined in “Begin Your Sleep Study” for night two. If you have completed night two of the test, return the supply box containing the ARES (resealed in the plastic bag) to your HST America respiratory therapist or drop in the mail as arranged.