

PSG Quality Summary Form

Record ID

Polysomnography QS

Scoring Results

ID:

Is this a repeat study?

- 1: Yes
- 2: No
- 3: Unknown

Field Site Staff ID:

(Can be obtained from the Sleep PSG Tracking form in REDCap central. Listed as Technician ID.)

Nox A1s serial number:

(Can be obtained from PSG Tracking form in REDCap central. Listed as Nox ID. Or can be obtained from the Recording Properties tab in the Nox software under the Recording Device information.)

Date Received

Date of PSG Recording

Scorer ID

- 931: Michelle Sterkel
- 935: Stephanie Marvin

Study Classification (Passed/Less than standard quality data/Failed)?

- 1: Passed
- 2: Less than standard quality data, (no result letter; recommend repeat study)
- 3: Failed (recommend repeat study)

Passing studies will have 2 or more hours of concurrent valid signals occurring during sleep-[The study must have at least flow and/or one effort band, oximetry, and one or more usable EEG signal(s)].

(2-4 hours of sleep: "Recording of less than 4 hours of sleep may not represent your typical sleep")

Less than standard quality studies will have less than 2 hours of concurrent valid signals during sleep-[flow and/or one effort band, oximetry, and one or more usable EEG signal(s)].

Studies are scored by the SRC and Nox reports are generated.

Failed studies will have no signals collected (no valid data collected). Examples: participant removes the signals before data collection began, or a battery or equipment failure

Was the participant wearing oxygen during the recording?

- 1: Yes
- 2: No
- 3: Unknown

Date Scored

Was the participant wearing oxygen during the recording?

PAP

- 1: Yes
- 2: No
- 3: Unknown

Baseline SpO2 obtained from the PSG.

This value is manually judged by the scorer. It is ideally taken at the beginning of the recording prior to sleep onset.

(%)

Apnea-Hypopnea Index (AHI)-apneas (all desats) + hyp with >=3% desat or arousal

(events per hour)

Analysis Start

(24-hour clock, e.g. 10:30 p.m. is 22:30)

Analysis Stop

(24-hour clock, e.g. 1:30 p.m. is 13:30)

Analysis Duration (Total Recording Time)

(For example, TRT of 6 hrs 23 min is entered as 06:23)

Total sleep time: _____ hours _____ minutes

Calculated TST (hidden) _____

WARNING: Study marked passed, but TST was less than 2 hours.

Overall Study Quality

- 6: Outstanding - All signals usable for at least 6 hours analysis start to analysis stop and almost entire $\geq 95\%$ of the sleep time
- 5: Excellent - At least one frontal or central EEG (F3, F4, C3, or C4), two EOG channels, one set of chin EMGs (Emg Subm or 1-F), both belts or flow, and oximetry usable for 6 hours analysis start to analysis stop and $\geq 75\%$ of the sleep time
- 4: Good - At least one frontal or central EEG (F3, F4, C3, or C4), one EOG, one respiratory channel (flow or either band), and oximetry usable for 6 hours analysis start to analysis stop and $\geq 50\%$ of the sleep time
- 3: Fair - At least one frontal or central EEG (F3, F4, C3, or C4), one respiratory channel (flow or either band), and oximetry usable for a minimum of 4 hours analysis start to analysis stop
- 2: Poor - At least 2 hours of concurrent valid signals - flow and/or one effort band, oximetry, and one or more usable EEG signals. Would recommend repeating the study.
- 1: Exceedingly poor - A study that does not meet Poor overall study quality.
- 0: Study scored sleep/wake only- Only stage 2 sleep and wake were used to stage this study, no arousals were scored due to extremely poor quality signals.

Signal Quality

Signal Name Usable Hours (derived by hand from TRT) Quality Code (during sleep time)

E1 _____
 E2 _____
 F3 _____
 F4 _____
 C3 _____
 C4 _____
 O1 _____
 O2 _____
 M1 _____
 M2 _____
 1 (chin EMG) _____
 2 (chin EMG) _____
 F (chin EMG) _____
 ECG _____
 Flow (nasal cannula) _____
 Thorax _____
 Abdomen _____
 SpO2 _____
 Left Leg _____
 Right Leg _____

Respiratory Event Reliability

Respiratory Events May Be Unreliable

- 0: No
- 1: Yes

Comments regarding Respiratory Events Unreliable

Arousal Reliability

Arousals May be Unreliable

- 0: No
- 1: Yes

Comments Regarding Arousals May be Unreliable

Arousals in REM (only) Unreliable

- 0: No
- 1: Yes

Comments Regarding Arousals in REM (only) May be Unreliable

PLM Reliability

PLMs May be Unreliable

- 0: No
- 1: Yes

Comments Regarding PLMs May be Unreliable

Staging Reliability

Scored Sleep/Wake Only

- 0: No
- 1: Yes

Transitions from Wake/Sleep Unreliable

- 0: No
- 1: Yes

Comments Regarding Transitions from Wake/Sleep Unreliable

Stage 1/Stage 2 Unreliable

- 0: No
- 1: Yes

Comments Regarding Stage 1/2 Unreliable

Stage 2/Stage 3 Unreliable

- 0: No
- 1: Yes

Comments Regarding Scoring Stage2/3 Unreliable

Scoring REM/NREM unreliable

- 0: No
 1: Yes
-

Comments Regarding REM/NREM Unreliable

Lost Data

Data Lost - Recording Ended Before Waking

- 0: No
 1: Yes
-

Data Lost- Recording Began in Sleep

- 0: No
 1: Yes
-

Data Lost-Other

- 0: No
 1: Yes
-

Urgent Alerts

Were there any Urgent Alerts?

- 0: No
 1: Yes
-

AHI >50 and no history of diagnosed OSA

- 0: No
 1: Yes
-

O2 sat < 85% for >=10% TST (Total Sleep Time)

- 0: No
 1: Yes
-

O2 sat < 88% for >=1 minute at baseline (wake) during the PSG

- 0: No
 1: Yes
-

Urgent Alert Heart Rate and/or ECG Finding

- 0: No
 1: Yes
-

Specific Heart Rate and/or ECG Urgent Alert Findings:

- 1: A-fib/flutter not previously diagnosed
 2: A-fib/flutter diagnosed but HR >120 bpm or < 50 bpm for 2 minutes
 3: HR >=150 bpm or < =30 bpm for >=2 consecutive minutes (no A-fib/flutter)
 (Select all that apply)
-

PSG: Acute ST segment (suggests ischemia)

- 0: No
 1: Yes
-

PSG: Heart Block
 Complete AV block; 2nd degree AV block, Mobitz 2;
 pause >6 seconds

- 0: No
 1: Yes
-

Specific PSG: Heart Block Findings:

- 1: Complete AV Block
 - 2: 2nd degree AV Block, Mobitz 2
 - 3: Pause >6 seconds
- (Select all that apply)

PSG: Non-sustained wide complex tachyarrhythmia (>=3 beat run at rate >120 bpm)

- 0: No
- 1: Yes

PSG: Other

- 0: No
- 1: Yes

Comments Regarding PSG: Other Urgent Alert

Sleep Report

Sleep Report

Comments

Scorer Comments
