



Exam 7

Polysomnography Tracking Form

Participant ID #: Acrostic:

Technician ID: Date: / /
Month Day Year

NOX ID: _____

At the time of hook-up:

Time of arrival: : AM PM Time of departure: : AM PM

Participant's reported planned time to bed: : AM PM

Is there a history of diagnosed sleep apnea?

- Yes
- No
- Don't know

Is there a history of atrial fibrillation?

- Yes
- No
- Don't know

Does the participant plan on using the following during the sleep (if so, do not use the nasal pressure cannula):

| | Yes | No |
|-----------------|-----------------------|-----------------------|
| CPAP/APAP/BIPAP | <input type="radio"/> | <input type="radio"/> |
| Oxygen | <input type="radio"/> | <input type="radio"/> |

Were there any problems with the hook-up?

- Yes →
- No

Explain: _____



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After retrieving the PSG study:

Recording Assessment:

Is the study ID on the recording correct and does it match the ID on paperwork? Yes No

└─→ If no, explain below

Were any electrodes or cables visibly broken upon the Nox return and cleaning? Yes No

└─→ If yes, explain below

Was the Sleep Recording Center emailed to notify them that a study was uploaded (include study ID, MR#, and date of upload)? Yes No

└─→ If no, explain below

Explanation or additional specific comments/complaints from the participant that may have affected this study. Also, any comments regarding problems with the study upload (short upload time, etc.):

Alerts Reporting:

Date study report received from the SRC: / /
Month Day Year

The following **Urgent alert** was reported by the Sleep Reading Center:

Alerts will be auto-populated from the PSG Quality Summary Form

If no alerts were reported, the REDCap Form will display "None"

Was the alert reported to the Participant?

Yes ──→ Date: / /
 No Month Day Year

Comment: _____