Neurodiagnostic Technology Program

Polysomnography Evaluation

Student Name: _______________________________ Clinical Site: ___________________________________

Type of Sleep Study Performed: ____________________________________________________________

<table>
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<tr>
<th>Always</th>
<th>Frequently</th>
<th>Occasionally</th>
<th>Seldom</th>
<th>Never</th>
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<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
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II. Recording

A. Instrument Calibration
   1. Polygraph
   2. Respiratory Effort (Paradox)

B. Patient Calibration
   1. EEG
   2. Respiratory Effort
   3. EOG
   4. Cough, Swallow and Hum
   5. Limbs
   6. Other
   7. Other

C. PSG Documentation

D. Intervention:
   1. CPAP
   2. BiPAP
   3. Oxygen
   4. Other
   5. Other

E. Artifacts
   1. Recognition
   2. Elimination

Evaluator’s Signature: ___________________________________ Student’s Signature: ______________