



PVDOMICS STUDY

Alternative Sleep Study

Core Review - Form #156

Instructions: This form is completed by Sleep Study Core personnel following review of historical or current clinical sleep study data.

--	--	--	--	--	--

1. Identification Number

--	--

2. Alphacode

--	--	--	--	--	--	--	--

3a. Date sleep study started (mm/dd/yyyy)

3. b. Type of study
(1=Historical limited, 2=Historical full PGS, 3=Current clinical limited, 4=Current clinical full PSG)

4. Date sleep study report of findings reviewed by Core (mm/dd/yyyy) / /

5. Username* of PVDOMICS Core staff member reviewing data

Respiration Indices

6. Apnea Hypopnea Index (AHI) score (events/hour of sleep)
(AHI breakdown: Normal=0-4, Mild=5-14, Moderate=15-29, Severe=30 or more)

7. Central Apnea Index.....

8. Apnea Index (events/hour of sleep)

9. Hypopnea Index (events/hour of sleep)

10. Obstructive apnea (total number of events)

11. Central apnea (total number of events)

12. Hypopneas (total number of events)

Saturation

13. Oxygen Desaturation Index (ODI) (events/hour)

14. Lowest SpO2 (%)

15. Average SpO2 (%)

16. Desaturation <90% (total number of events/hour of sleep).....

17. Desaturation <85% (total number of events/hour of sleep).....

18. SpO2 time <90 (%).....

19. SpO2 time <85 (%).....

Time

20. Total sleep time (total minutes)..... ____ ____ ____.

21. Total recording time (total minutes)..... ____ ____ ____.

Pulse

22. Average pulse rate (bpm)..... ____ ____ ____

23. Highest pulse rate (bpm) ____ ____ ____

24. Lowest pulse rate (bpm)..... ____ ____ ____

25. Based on the sleep data reviewed, what is the adequacy/quality of this historical study? ____

0=Historical study is inadequate for the purposes of PVDOMICS study; a new sleep study is recommended

1=Study is adequate

26. If Q25=1, what is the result of this sleep study? ____

1=Result is considered normal (0-4)

2=Participant has mild sleep apnea (5-14)

3=Participant has moderate sleep apnea (15-29)

4=Participant has severe sleep apnea (≥ 30)

27. Comments from Sleep Core: _____

28. Date results reviewed with Sleep Core PI (mm/dd/yyyy)..... ____ ____/____ ____/____ ____ ____

200. Date form completed (mm/dd/yyyy)..... ____ ____/____ ____/____ ____ ____

201. Username of person reviewing completeness of this form ____ ____ ____ ____

Core Use Only

Date Form Entered (mm/dd/yyyy) ____ ____/____ ____/____ ____ ____

Username of person entering this form ____ ____ ____ ____