



PVDOMICS STUDY

Clinical Center Sleep Study

Download and File Transmission - Form #152

Instructions: Complete this form after the sleep monitoring device given to participant (as per F150) is returned or the study personnel learns that the device will not be returned.

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1. Identification Number

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2. Alphacode

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3. Start date of when device placed: (mm/dd/yyyy)

4. Did participant return device and all device components? (0=No, 1=Yes) _____
5. Date participant returned device (mm/dd/yyyy) _____/_____/_____
6. Did participant return completed sleep questionnaire? (0=No, 1=Yes) _____
7. Did participant attempt to complete the sleep study? _____
(0=No, not attempted, no file to transfer, 1=Yes, study completed, 2=Yes, study attempted but not completed)
- a. If Q7 = 0 or 2, primary reason participant did not attempt/complete sleep study? _____
- | | |
|--|---|
| 1=Could not get equipment hooked up correctly according to directions provided | 4=Unable to sleep while wearing device |
| 2=Could not get equipment hooked up correctly even with family member assistance | 5=Acute onset of medical condition prevented study from being attempted (i.e., cold, bronchitis, other) |
| 3=Device components caused discomfort and/or fell off during the night | 6=Participant refused to do test |
| | 8=Other, specify in comments |

Note: If there is no file to transfer, skip to Q14.

8. Does the ID on the recording match questionnaire id on Form 151? (0=No, 1=Yes) _____
9. Are there signals on each of the channels (for example, no flat lines)? (0=No, 1=Yes) _____
10. Are there at least 3 hours recorded oximetry measurements? (0=No, 1=Yes) _____
11. Are there at least 3 hours of recorded data downloaded? (0=No, 1=Yes) _____
12. File converted to EDF format with correct participant id, alphacode, and start date? (0=No, 1=Yes) _____
13. Date file transmitted to Sleep Core (mm/dd/yyyy) _____/_____/_____
14. Comments for Sleep Core personnel: _____

15. Date of initialization, demo, and (if done on same day) placement: (mm/dd/yyyy) _____/_____/_____
- Note: Q15 must match the date recorded on F150, Q3a.*
198. Username* of PVDOMICS staff member checking in device _____
199. Username* of PVDOMICS staff member transmitting EDF to Core _____
**Note: staff member information must be entered on Form 10 in the database before username can be selected from database list of values menu*
200. Date form completed (mm/dd/yyyy) _____/_____/_____
201. Username of person reviewing completeness of this form _____

Clinical Center Use Only

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

Username of person entering this form _____