

# Record of your overnight sleep study

Respiratory Physiology Unit

Last reviewed: May 2026

Next review: May 2029

Information for Patients

Leaflet number: 833 Version: 4

Date of study:	
Patient name:	
Date of birth:	
S Number:	
Patient height:	
Patient weight:	
Type of sleep study monitor:	
Monitor number:	
Consultant:	
Physiologist issuing:	

## Sleep study monitor

We have given you a sleep study monitor so we can assess your breathing while you are asleep. We will have shown how to put the monitor on at bedtime. When you wake up in the morning, take the monitor and sensors off and put them in the bag/ box provided and return to the Respiratory Physiology Unit.

Please give information about your night's sleep in this leaflet.

**Health information and support is available at [www.nhs.uk](http://www.nhs.uk)  
or call 111 for non-emergency medical advice**

Visit [www.uhleicester.nhs.uk](http://www.uhleicester.nhs.uk) for maps and information about visiting Leicester's Hospitals  
To give feedback about this information sheet, contact [uhl-tr.informationforpatientsmailbox@nhs.net](mailto:uhl-tr.informationforpatientsmailbox@nhs.net)

## Information you will need to record

It is very important that we know exactly what the conditions are like during the sleep study, and when you are actually asleep. Please fill in the information below telling us about what happened while you were wearing the monitor.

Around what time you went to sleep:..... Around what time you woke up:.....

Any comments about your night's sleep. For example, did you sleep well while wearing the monitor? Were there any times when you were awake during the night for longer than a few minutes?

.....  
.....  
.....

## Questionnaire scores (to be filled in by the physiologist)

ESS:..... Berlin Questionnaire:..... Bed Partner:.....

## It is very important that we know the following information:

Do you currently drive? Yes / No (please circle)

If yes, is this for work (business) or leisure? .....

If you drive as part of your job, please state which type of vehicle you drive:.....

### Conditions while using the monitor

Did you use additional oxygen?	Yes / No	If yes, how much?..... l/min
Did you use a CPAP machine?	Yes / No	If yes, what pressure?..... cmH2O
Did you use a ventilator?	Yes / No	If yes, what pressure?..... cmH2O

## Contact details

Respiratory Physiology Unit: **0116 258 3419** or **0116 258 3420**

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔  
على هذه المعلومات بلغة أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل  
જો તમને અન્ય ભાષામાં આ માહિતી જોઈતી હોય, તો નીચે આપેલ નંબર પર કૃપા કરી ટેલિફોન કરો

ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਵਿਚ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਹੇਠਾਂ ਦਿੱਤੇ ਗਏ ਨੰਬਰ 'ਤੇ ਟੈਲੀਫੋਨ ਕਰੋ।  
Aby uzyskać informacje w innym języku, proszę zadzwonić pod podany niżej numer telefonu

If you would like this information in another language or format such as EasyRead or Braille, please telephone 0116 250 2959 or email [uhl-tr.equalitymailbox@nhs.net](mailto:uhl-tr.equalitymailbox@nhs.net)