



**Tucson Children
Assessment
of Sleep Apnea**

**SLEEP DATA
RETRIEVAL/PSG SCORING
NOTES**

TuCASA ID#: _____

Technician ID: _____

Monitor ID: _____

Date of Study: _____ / _____ / _____
mon day year

Date Reviewed: _____ / _____ / _____
mon day year

Between "LIGHTS OFF" (Epoch _____) and "LIGHTS ON" (Epoch _____):

1. Are there signals on each of the channels (i.e. no "flat-lined signals)?	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₂ No
2. Is each channel mostly clear of artifact (thick, fuzzy lines)?	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₂ No
3. Are there at least 4 hours of recorded data?	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₂ No
4. Are there at least 4 hours of oximetry data?	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₂ No
5. Are there at least 4 hours of good airflow signals?	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₂ No
6. Is there at least one good respiratory band?	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₂ No
7. Is there at least one good EEG Channel?	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₂ No
8. Is the quality of data adequate to generate a sleep report?	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₂ No

If answer to ANY question is "NO", review study with Sleep Study Resource. If answer to any of questions #3-7 is "No", record study on Study Log as "Inadequate". Notify Study Coordinator of need to repeat study.

9. Sleep Latency	<input type="checkbox"/> ₁ Reliable	<input type="checkbox"/> ₂ Unreliable
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10. Staging Notes:

Was study scored with minimal (<10%) staging or arousal problems?		<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₂ No
If >10% problems encountered with staging or arousals, please check all boxes that identify how this study was scored:	REM/NREM Unreliable	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₂ No
	Scored Sleep-Wake Only	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₂ No

11. Restricted Analysis:

Was entire record scored		<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₂ No
If total sleep period not captured, please indicate reasons for not scoring entire record:	Scoring started after sleep onset (includes participant asleep before recorder turned on)	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₂ No
	Scoring ended before lights on/awake (includes recorder shutting off before participant awoke)	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₂ No
	Intervening period bad EEG	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₂ No
	Intervening period bad Respiratory/Oximetry	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₂ No

12. Notes:

13. FINAL Auxillary RDI: _____ 14. Nasal RDI: _____