

EASTERN CONNECTICUT CARDIOLOGY ASSOCIATES, LLC
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HOW TO PREPARE FOR YOUR MULTIPLE SLEEP LATENCY TEST

Multiple sleep latency test is a daytime study used to evaluate daytime sleepiness and to assess response to treatment respectively. You will have sensors placed on your head, chin and around your eyes to record sleep activity. Over the course of the day, you will be given four or five trials.

Two weeks prior to your study, you will need to keep a sleep diary (the outline is provided in the packet). This will allow the doctor to see your sleep- wake patterns.

The night before your study, you will have an overnight sleep study. For the MSLT to be accurate, you will need to sleep at least six hours during the overnight sleep study.

IN PREPARATION, PLEASE READ THE FOLLOWING INSTRUCTIONS CAREFULLY:

- 1: Please eat a normal dinner the night before the test.
- 2: Bring with you breakfast, a snack, and lunch for the following day. We have a fridge in the lab.
- 3: Wear comfortable clothing.
- 4: Make sure your hair is free of hairspray, gel, oil, and other products.
- 5: Bring your regularly scheduled medications and plan to take them as you normally would, unless your physician instructs otherwise. Your physician might advise you not to take any stimulant medication for the two weeks prior to your study, but that is decided on a case by case basis.
- 6: Bring reading materials or other activities to occupy your free time.
- 7: Please notify us if you have a disability that requires any assistance. You may be required to have a caregiver present during the testing.
- 8: Avoid alcohol, sedatives, stimulants, and caffeinated beverages such as coffee, tea and soda for 24 hours before your study.

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TWO WEEK SLEEP DIARY INSTRUCTIONS

- 1: Write the date, day of the week and type of day (work, school, day off, vacation, etc.)
- 2: Put the letter **"C"** in the box when you have caffeine. (soda, coffee, tea)
- 3: Put the letter **"M"** in the box when you take any medications.
- 4: Put the letter **"A"** in the box when you drink alcohol.
- 5: Put the letter **"E"** in the box when you exercise.
- 6: Put a line (|) to show when you go to bed, and shade in the portion of the box that shows when you think you fell asleep.
- 7: **Shade in all the boxes** that show when you are sleeping at night, or taking a nap during the day.
- 8: **Leave the boxes unmarked** to show when you woke up at night and when you are awake during the day.

Sample:

On a Monday when I worked, I jogged on my lunch break at 1:00pm and had a glass of wine with dinner at 6:00pm. I fell asleep watching tv from 7:00pm – 8:00pm, went to bed at 10:30pm, fell asleep around midnight, woke up and couldn't go back to sleep until about 4:00am, went back to sleep from 5:00 am – 7:00am, had coffee and my medication at 7:00am.

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SLEEP DIARY WEEK ONE

							DATE
SAT	FRI	THUR	WED	TUE	MON	SUN	DAY
							TYPE OF DAY (WORK,SCHOOL)
							NOON
							1:00PM
							2:00PM
							3:00PM
							4:00PM
							5:00PM
							6:00PM
							7:00PM
							8:00PM
							9:00PM
							10:00PM
							11:00PM
							MIDNIGHT
							1:00AM
							2:00AM
							3:00AM
							4:00AM
							5:00AM
							6:00AM
							7:00AM
							8:00AM
							9:00AM
							10:00AM
							11:00AM

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SLEEP DIARY WEEK TWO

							DATE
SAT	FRI	THUR	WED	TUE	MON	SUN	DAY
							TYPE OF DAY (WORK,SCHOOL)
							NOON
							1:00PM
							2:00PM
							3:00PM
							4:00PM
							5:00PM
							6:00PM
							7:00PM
							8:00PM
							9:00PM
							10:00PM
							11:00PM
							MIDNIGHT
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