



SLEEP HEART HEALTH STUDY

**SIGNAL VERIFICATIONS**

ID#: **PPTID**  
 Field Center: **SITE51**  
 Technician ID: **TECHID51**  
 Monitor ID/Headbox ID: **MONID51 / HBOXID51**  
 Date of Study: **DATE51**  
 Time of Arrival: **TMARRH51 : TMARRM51**  
 Time of Departure: **TMDEPH51 : TMDEPM51**

Fill in each box. Empty boxes will be interpreted as indicating check not performed.

Impedances (Record Value in kohms)			
	First Check § (Both)	Final Check (use 1st check if orig. placement was accurate)	# Times Electrodes Replaced ("0" if original = final)
EEG 2 (C)	<b>EEG2FS51</b>	<b>EEG2FI51</b>	<b>EEG2TR51</b>
ECG	<b>ECG2FS51</b>	<b>ECG2FI51</b>	<b>ECG2TR51</b>
EMG	<b>EMG2FS51</b>	<b>EMG2FI51</b>	<b>EMG2TR51</b>
EOG - L	<b>EOGLFS51</b>	<b>EOGLFI51</b>	<b>EOGLTR51</b>
EOG - R	<b>EOGRFS51</b>	<b>EOGRFI51</b>	<b>EOGRTR51</b>
EEG 1 (C)	<b>EEG1FS51</b>	<b>EEG1FI51</b>	<b>EEG1TR51</b>

§ Indicate first impedance value; if > 10 (except ECG-40) check each individual channel to identify the problem channel. Replace the higher sensor and recheck both.

**CALIBRATION CHECKS (Mark each box after performing specific calibration.)**

Data entry: Enter 1 if check performed, 0 if check not performed.

Pos: **BKCAL51** Back  Front  **FRTCAL51**

**LSDCAL51** L Side  R Side  **RSDCAL51**

Light: **LTON51** On  Off  **LTOFF51**

	Good Deflection		Fuzzy Line		Value
	Yes	No	Yes	No	
EEG 2			<b>EEG2FL51</b> 1   0		
ECG	<b>ECGGD51</b> 1   0		<b>ECG2FL51</b> 1   0		
EMG Chin	<b>EMGCGD51</b> 1   0		<b>EMGCFL51</b> 1   0		
EOG - L	<b>EOGLGD51</b> 1   0		<b>EOGLFL51</b> 1   0		
EOG - R	<b>EOGRGD51</b> 1   0		<b>EOGRFL51</b> 1   0		
EEG 1			<b>EEG1FL51</b> 1   0		
Chest	<b>CHSTGD51</b> 1   0		<b>CHSTFL51</b> 1   0		
Abdomen	<b>ABDMGD51</b> 1   0		<b>ABDMFL51</b> 1   0		<b>ABDMV51</b>
Thermistor	<b>THRMGD51</b> 1   0		<b>THRMFL51</b> 1   0		<b>THRMV51</b>
Oximeter *					<b>OXIMET51</b>
Pulse **					<b>PULSE51</b>
Manual Pulse **					<b>MANPLS51</b>
Battery Check					<b>BATTCK51</b>

\* (If <88% re-position, check sensor, consult Med Alerts)  
 (If > 120 or < 30, check for 2 minutes; consult Med Alerts for HR > 150)

ECG placement: (check one) **ECGPLC51**

<sub>1</sub> subclavicular  <sub>2</sub> modified CL5

Montage used for ECG: (check one) **MONTAG51**

<sub>1</sub> SHHS (standard)  <sub>2</sub> SHHS\_2 (250 Hz)

**Environmental Conditions:**

1. Was hookup completed? <sub>1</sub> YES **HUCOMP51**  
<sub>0</sub> NO → Why not? **WHYNOT51**  
<sub>1</sub> Participant not home  
<sub>2</sub> Participant sick/indisposed  
<sub>3</sub> Participant refused entry in home  
<sub>4</sub> Participant refused Informed Consent  
<sub>5</sub> Participant refused hookup  
<sub>6</sub> Participant could not tolerate hookup  
<sub>7</sub> Other: **INCOTH51** \_\_\_\_\_

**RESCHD51** Was study rescheduled? <sub>0</sub> NO <sub>1</sub> YES **RSDATE51** (date)

2. Were any environmental conditions present which could cause problems with sleep monitoring? **EVCON51**  
<sub>1</sub> YES  
<sub>0</sub> NO

Comments: **EVCMT51** \_\_\_\_\_

(Check "Yes" if ≥ 3 people sleeping in room; extremely cold or hot; or frequent noises in home or outside home, etc.)

3. Does participant have a beard? **BEARD51** <sub>1</sub> YES  
<sub>0</sub> NO

If yes, were alternative placement sites needed? <sub>1</sub> YES **ALTPLC51**  
<sub>0</sub> NO

If yes, which ones and where placed: **WHERE51** \_\_\_\_\_

Describe any problems with hook-up or sensor checks: **PROBLM51** \_\_\_\_\_

4. Were any Medical Alerts or Adverse Events noted? <sub>1</sub> YES **MALERT51**  
<sub>0</sub> NO

If yes, complete the Adverse Events form.

Participant Data (from Recorder): ID#: **RPPTID51** \_\_\_\_\_  
Field Center: **RSITE51** \_\_\_\_\_  
Technician ID: **RTECHID51** \_\_\_\_\_  
Monitor /Headbox ID: **RMONID51** / **RHBID51** \_\_\_\_\_  
Start Test: **TSTHR51** **TSTMN51**<sub>1</sub>/pm **TSTAP51**  
End Test: **TENDHR51** **TENDMN51**<sub>m</sub> **TENDAP51**