

MWT Sleep Study – Patient Instructions

Please read carefully

Patient's Name: _____

Appointment Date: _____ at 9:00 am.

*NOTE: We require at least **two business days notice (48 hours)** for all cancellations or rescheduling. If proper notice is not given, you may be charged a cancellation fee. Our office will call you one day in advance to remind of all scheduled appointments. Please call our office at 416-642-4232 if you require a change to your appointment.*

The Maintenance of Wakefulness Test (MWT) is a test to objectively evaluate a person's ability to remain awake during the day in non-active situations. The MWT includes a series of 4 (four) "trials" performed at regular timed intervals throughout the day. During each trial, you will be asked to sit on a chair in a dimly lit room and try to remain awake for 40 minutes. This test will require that you spend the majority of the day at the sleep lab – the sleep study will normally be completed by 3:30 – 4:00 pm.

No medications or injections will be given to you in preparation or completion of your sleep study; MWT requires a minimal number of electrodes for recording purposes. Since you will be free to move around between trials, you may want to bring a hat or cap to wear, in the event that you want to leave your bedroom. It is also strongly recommended that you bring something to read, a laptop computer, or some work with you for the waiting time between trials.

It is recommend that you bring loose, comfortable clothes with you, as you will be required to change out of your nightclothes in the morning.

Meals are not provided. If you wish to bring your own food or drinks, please note that a small refrigerator will be available to use but there is no microwave, sorry. You should not consume any food or drink containing caffeine (coffee/tea/chocolate) during the day of your MWT, so please refrain from bringing these types of food/drinks with you.

Instructions

- Start completing the diary a week before your scheduled sleep study (a template is attached to these instructions).
- Bring a couple of meals and drinks with you. The sleep clinic does not provide meals and the sleep study ends in the late afternoon.
- Bring something to read or do for the time that you are awake during your sleep study – a book, laptop, MP3 player, etc.

SLEEP DIARY

Your full name: _____ Date of first diary entry: _____

Fill out this sleep diary every morning for week (7 days) prior to your MWT sleep study.

It can help you see what gets in the way of a good night's sleep. It could also help your doctor know more about what affects your sleep.

Day	1	2	3	4	5	6	7
What time did you go to bed last night?							
How long did it take to fall asleep?							
What time did you get up?							
Did you wake up during your sleep time? How many times? For how long? Did you get out of bed?							
How much total sleep did you get?							
How tired do you feel, on a scale of 1 to 5? (Very tired = 5)							
Overall, how tired did you feel yesterday, on a scale of 1 to 5? (Very tired = 5)							
How unusual or stressful was your day yesterday, on a scale of 1 to 5? (Very unusual or stressful = 5)							

SLEEP DIARY CONT.

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