

Home Sleep Apnea Test Instructions

- Please arrive fever and symptom free. Symptoms include cough, shortness of breath, sore throat, loss of taste/smell, headaches, and newly developed muscle pain. If you are not feeling well, please reschedule your study for when you are feeling better to ensure accurate results.
- Please arrive 10 minutes prior to your scheduled appointment time to register.
- You will be instructed on how to use the HSAT equipment. We want you to leave feeling confident about being able to put the monitoring equipment on yourself at home.
- You will be given a questionnaire to complete at home before and after your night's sleep.
- To ensure accuracy of study results, please remove any nail polish or artificial nails. There is a sensor on your finger that may not read accurately with certain nail polishes and/or artificial nails.
- Please allow for at least 7 hours of recording time for the night of testing.
- Please avoid sleeping on your stomach during testing and try to sleep on your back for a portion of the night.
- Please return the equipment before 1000 the next morning along with your sleep questionnaire. Anyone can return the equipment, but you must be the one to pick up the device.

If you are unable to keep your appointment time, please give at least a 24-hour notice of cancellation.

Deaconess Illinois F9444 (9/2025) swg