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NEUROLOGY & SLEEP MEDICINE

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## MULTIPLE SLEEP LATENCY TEST (MSLT)

Revised RJMDPA0722/2007

**Multiple Sleep Latency Test (MSLT):** The study is carried out during the daytime and helps determine the rapidity with which an individual falls asleep. The test will help Dr. Joseph evaluate the intensity of daytime sleepiness, and whether there is evidence for narcolepsy. The test begins at about 8 AM and will continue the entire day, ending about 4.30 PM. During the study you will be given opportunities to nap, every two hours for a total of 4-5 naps, "nap tests". These opportunities to nap will be for a minimum of 20 minutes, and for a maximum of about 40 minutes. The process of getting you ready for the test may take about 30 mins and involves placing small surface electrodes on the head and face. The technician will monitor the recordings from an adjacent area. The technician will be reachable by two-way intercom, and will be readily available. By analyzing changes in your brain waves, eye movements and muscle activity, Dr. Joseph will be able to determine the rapidity with which your brain falls asleep.

Please visit our website: [www.SleepDisordersClinic.com](http://www.SleepDisordersClinic.com)

### PREPARATION

**WEEK PRIOR TO TESTING:** During the week prior to testing, keep a log of your sleep pattern on the Sleep-Log form provided to you. It is important that you try and sleep 6-8 hours nightly.

**NIGHT PRIOR TO TESTING:** It is important that you get a good night's sleep, a minimum of 6-8 hours of sleep.

#### **DAY OF TESTING:**

**TIMING:** Please plan to be at the Clinic at your scheduled time

**SHOWER:** Before coming to the clinic, it is important to take a shower and shampoo your hair. Thereafter, do not apply any lotion or cream.

**CLOTHING:** It is helpful to dress lightly, preferably with a front open shirt.

**NAPS:** Do not take any naps in between the scheduled "nap tests"

**TOBACCO/CAFFEINE:** On the day of the test, you must avoid all stimulants such as tobacco and caffeine, including soft drinks, coffee, tea, etc.

**READING MATERIAL:** Bring reading material that can help you pass time between the nap tests. Remember your reading glasses, if applicable.

**FOOD:** Please bring a sacked lunch. Avoid alcohol

**MEDICATION:** You may take all your usual medicines during the daytime.

**DRIVING:** If you are drowsy, do not drive. Have a friend or family member drive.

I acknowledge that I have read this document and have no questions.

SIGNATURE: \_\_\_\_\_

NAME (Print): \_\_\_\_\_ DATE: \_\_\_\_\_