

AASM SLEEP TECHNOLOGIST PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

Questions

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- 1. What is the most likely sensitivity setting for the EEG in a polysomnogram?**
 - A. 3 uV/mm
 - B. 15 uV/mm
 - C. 7 uV/mm
 - D. 1 uV/mm

- 2. During calibration, the technician verifies electrode response commands. Which option lists an equivalent way to phrase this?**
 - A. Electrode response commands
 - B. Keyboard calibration
 - C. Bed calibration
 - D. ECG polarity verification

- 3. An artifact that results in salt bridges is most likely caused by**
 - A. All of these answer choices
 - B. Prepping too large of an area
 - C. Allowing tape or gauze from different locations to make contact
 - D. Incorrect meansuring

- 4. Which of the following is NOT a potential cause of central sleep apnea?**
 - A. Congestive heart failure
 - B. Brain stem injury
 - C. Obesity
 - D. Neurological disease

- 5. Which action best describes a recommended step if you have not fallen asleep after 20 minutes?**
 - A. Get up and do something relaxing
 - B. Continue lying still for another 30 minutes
 - C. Turn on the TV at a high volume
 - D. Take a long nap immediately

6. The electrode located 30% above the left pre-auricular crease is:
- A. C3
 - B. P3
 - C. O1
 - D. F3
7. Occurrences in a sleep study that must be scored include all of the following EXCEPT:
- A. Sleep stages
 - B. Position changes
 - C. Arousals
 - D. Leg movements
8. In normal sleep architecture, stage 2 sleep makes up what percent of total sleep time?
- A. 5-10%
 - B. 25-30%
 - C. 40-50%
 - D. 50-60%
9. What condition would require a full face mask or oral mask during a CPAP study?
- A. The patient is claustrophobic
 - B. The patient has a deviated septum
 - C. The patient feels congested
 - D. The patient is a mouth breather
10. According to the AASM scoring manual, a pause in the heart rate for 3 seconds or longer is called?
- A. Bradycardia
 - B. Asystole
 - C. Premature ventricular contraction
 - D. Prolonged QT interval

Answers

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1. C
2. A
3. A
4. C
5. A
6. A
7. B
8. B
9. B
10. B

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Explanations

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1. What is the most likely sensitivity setting for the EEG in a polysomnogram?

- A. 3 $\mu\text{V}/\text{mm}$
- B. 15 $\mu\text{V}/\text{mm}$
- C. 7 $\mu\text{V}/\text{mm}$**
- D. 1 $\mu\text{V}/\text{mm}$

Sensitivity is how much voltage is needed to move the EEG trace a certain amount vertically. In a sleep study you want to clearly see both large waves and smaller, transient features like sleep spindles and K-complexes without clipping or losing detail. A middle-ground setting of seven microvolts per millimeter is commonly used because it provides enough vertical resolution to display typical EEG amplitudes and those transient features, while keeping the trace within the recorder's dynamic range. If the gain is set too high (more sensitive, like one or three $\mu\text{V}/\text{mm}$), large waves or artifacts can saturate the trace and obscure interpretation. If the gain is too low (less sensitive, like fifteen $\mu\text{V}/\text{mm}$), small but important features become hard to see, making accurate sleep staging more difficult.

2. During calibration, the technician verifies electrode response commands. Which option lists an equivalent way to phrase this?

- A. Electrode response commands**
- B. Keyboard calibration
- C. Bed calibration
- D. ECG polarity verification

The main idea is confirming that the system correctly recognizes and responds to the signals from the electrodes when prompted. Verifying electrode response commands means you're checking that the electrodes produce the expected responses to calibration prompts, ensuring the device properly interprets those signals and that the leads are functioning and contacting correctly. This is essentially the same concept as the stem's statement, just stated in the term that directly describes the signals from the electrodes. Why the other options don't fit: keyboard calibration would relate to input devices, not to electrode signals. Bed calibration targets the physical bed setup, not the electrode system. ECG polarity verification focuses on the directionality of the ECG leads, not on whether the electrode signals themselves respond to calibration commands.

3. An artifact that results in salt bridges is most likely caused by

- A. All of these answer choices**
- B. Prepping too large of an area
- C. Allowing tape or gauze from different locations to make contact
- D. Incorrect measuring

Salt bridges form when a conductive path links two electrode sites through moisture or electrolyte, creating an artifact that can mimic or distort the signal. If the skin prep area is too large, conductive gel or electrolyte can spread and reach neighboring electrodes, bridging them. Tape or gauze from different locations touching can also create a conductive bridge between contacts. An incorrect measuring/setup can place electrodes too closely or allow materials to contact them improperly, further enabling a bridge. Because each of these scenarios can produce the conductive connection that defines a salt bridge, all of these factors together explain why this artifact occurs. Prevent by keeping prep areas small, preventing cross-contact with tape/gauze, and ensuring proper electrode placement and impedance checks.

4. Which of the following is NOT a potential cause of central sleep apnea?

- A. Congestive heart failure
- B. Brain stem injury
- C. Obesity**
- D. Neurological disease

Central sleep apnea results from a disruption in the brain's ability to send the proper signals to breathe. It's driven by problems with the central respiratory control centers or their regulation, not by the anatomy of the airway. That's why congestive heart failure can contribute—Cheyne-Stokes-type patterns reflect instability in central drive and circulation. Brain stem injury can directly damage the medullary centers that control breathing, and neurological diseases affecting central respiratory control can also cause central apneas. Obesity, on the other hand, is a major risk factor for obstructive sleep apnea, where the airway collapses during sleep due to excess soft tissue and reduced airway caliber. It's also linked to obesity hypoventilation syndrome, which is about inadequate ventilation rather than failure of central drive. Therefore obesity is not a typical cause of central sleep apnea.

5. Which action best describes a recommended step if you have not fallen asleep after 20 minutes?

- A. Get up and do something relaxing**
- B. Continue lying still for another 30 minutes
- C. Turn on the TV at a high volume
- D. Take a long nap immediately

If you haven't fallen asleep after about 20 minutes, the best move is to get out of bed and do something relaxing until you feel sleepy again. This approach helps break the pattern of wakefulness being tied to the bed, reducing anxiety about not sleeping and preserving the association between your bed and sleep. It keeps your overall sleep pressure from being harmed and makes it more likely you'll fall asleep quickly when you return to bed. Staying still in bed can teach the brain that the bed is for lying awake, which can lengthen wakefulness. Turning on the TV, especially at high volume, is stimulating and bright, which wakes you up rather than relaxing you. Taking a long nap right away reduces the body's need for sleep at night by lowering sleep pressure, making it harder to sleep when you want to later.

6. The electrode located 30% above the left pre-auricular crease is:

- A. C3**
- B. P3
- C. O1
- D. F3

Understanding how EEG electrodes are placed helps decode this description. In the 10-20 system, letters denote the scalp region: C means central (midline between frontal and parietal areas). The numbers indicate left or right: odd numbers are left of midline, even numbers are right, with Z for midline. A point described as 30% above the left pre-auricular crease sits on the left side and along the central region toward the vertex. That places it at the left central site, which is designated as C3. It's between the frontal and parietal lobes over the left sensorimotor cortex. The other options correspond to different lobes: frontal (F3), parietal (P3), and occipital (O1), which would be in more anterior, more posterior, or more occipital locations, not the central left spot described.

7. Occurrences in a sleep study that must be scored include all of the following EXCEPT:

- A. Sleep stages
- B. Position changes**
- C. Arousals
- D. Leg movements

In sleep study scoring, you focus on events that reflect the architecture and disruptions of sleep: sleep stages, arousals, and leg movements. Sleep stages are assigned for each epoch based on EEG, EOG, and EMG patterns, showing the progression through NREM and REM sleep. Arousals are brief shifts in EEG frequency that indicate a momentary return to wakefulness or lighter sleep, lasting a few seconds and reflecting transient arousal. Leg movements are identified from the leg EMG (usually tibialis anterior) bursts that meet specific duration and amplitude criteria, which helps quantify periodic limb movements during sleep. Position changes, while monitored, are not counted as scored events in the standard scoring framework. They're recorded for context and can help interpret breathing or movement patterns, but they aren't part of the mandated scoring categories like sleep stages, arousals, or leg movements.

8. In normal sleep architecture, stage 2 sleep makes up what percent of total sleep time?

- A. 5-10%
- B. 25-30%**
- C. 40-50%
- D. 50-60%

Stage 2 sleep is the most prevalent NREM sleep stage in adults and usually makes up about a quarter to a third of total sleep time. The commonly cited range is 25-30%. This stage is marked by distinctive EEG features like sleep spindles and K-complexes and represents the transitional phase between lighter sleep (Stage 1) and deeper sleep (Stage 3). Because it dominates the night, it accounts for the largest portion of NREM sleep across multiple sleep cycles, with REM periods becoming longer in later cycles. That's why the 25-30% figure is the best fit for normal sleep architecture.

9. What condition would require a full face mask or oral mask during a CPAP study?

- A. The patient is claustrophobic
- B. The patient has a deviated septum**
- C. The patient feels congested
- D. The patient is a mouth breather

When a patient's airway cannot be comfortably or effectively accessed through the nose, a mask that covers the mouth as well is needed. A deviated septum narrows or blocks the nasal passages, making nasal-only masks insufficient for delivering the CPAP airway pressure. In that situation, a full-face mask (covering nose and mouth) or an oral mask ensures the patient can breathe adequately and receive the intended therapy. While other factors like claustrophobia, congestion, or mouth breathing can influence mask choice, a structural nasal obstruction like a deviated septum is the classic reason to require a full-face or oral mask.

10. According to the AASM scoring manual, a pause in the heart rate for 3 seconds or longer is called?

- A. Bradycardia
- B. Asystole**
- C. Premature ventricular contraction
- D. Prolonged QT interval

In this context, the key idea is how the sleep study terminology classifies a pause in the heart's rhythm. A pause lasting three seconds or longer is labeled asystole in the AASM scoring manual. This term is used to describe a pause where there is a cessation of ventricular activity for a noticeable interval, rather than just a slow heart rate or an extra beat. It's different from bradycardia, which means a slow overall heart rate but not a pause; from premature ventricular contractions, which are early, extra beats; and from a prolonged QT interval, which refers to the length of a specific ECG measurement, not a pause in rhythm. So a three-second or longer interruption in rhythm is treated as asystole for scoring purposes.

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Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

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We wish you the very best on your exam journey. You've got this!

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