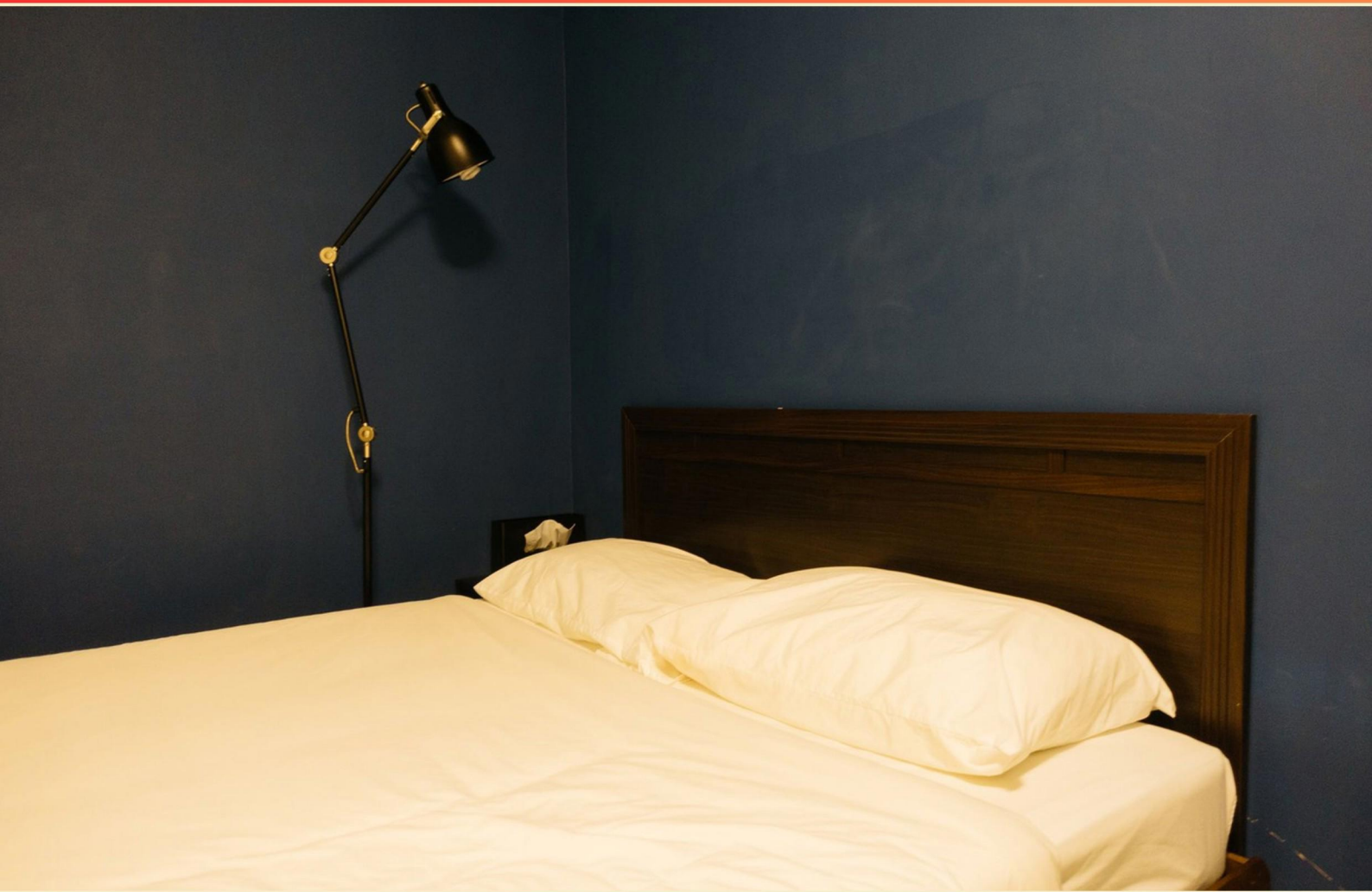


**CERTIFIED
POLYSOMNOGRAPHIC
TECHNICIAN (CPSGT) AND
REGISTERED
POLYSOMNOGRAPHIC
TECHNOLOGIST (RPSGT)
PRACTICE EXAM (SAMPLE)
STUDY GUIDE**



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

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Table of Contents

Copyright	1
Table of Contents	2
Introduction	3
How to Use This Guide	4
Questions	5
Answers	8
Explanations	10
Next Steps	15

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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 does effective patient education typically include prior to a sleep study?**
 - A. Assurance of immediate diagnosis
 - B. Explanation of the sleep study procedures and expected outcomes
 - C. Encouragement to sleep in a different environment
 - D. Making patients worry about the procedure
- 2. How many periods of REM sleep does a normal, healthy adult typically experience?**
 - A. 1-2
 - B. 2-3
 - C. 3-4
 - D. 4-5
- 3. The 60-Hz notch filter is used to eliminate?**
 - A. Muscle Artifact
 - B. Respiratory Signals
 - C. Artifact generated from electrical devices
 - D. Cardiac Interference
- 4. Which of the following is a characteristic of sleep deprivation?**
 - A. Improved mood
 - B. Increased cognitive performance
 - C. Memory lapses
 - D. Enhanced alertness
- 5. Which condition is characterized by excessive daytime sleepiness?**
 - A. Sleep apnea
 - B. Hypersomnia
 - C. Insomnia
 - D. Narcolepsy

- 6. What is a common psychological comorbidity associated with sleep disorders?**
- A. Schizophrenia
 - B. Depression
 - C. Obsessive-compulsive disorder
 - D. Bipolar disorder
- 7. Which type of sleep is characterized by rapid eye movement?**
- A. Non-REM sleep
 - B. Stage 1 sleep
 - C. Stage 2 sleep
 - D. REM sleep
- 8. What does a high AHI score indicate after a sleep apnea study?**
- A. A low occurrence of apnea events
 - B. An average sleep quality
 - C. A high occurrence of apnea and hypopnea events
 - D. A diagnosis of insomnia
- 9. When a signal begins blocking and squaring off at the top, what is typically the cause?**
- A. Patient movement
 - B. The gain (sensitivity) being set too high
 - C. Electrode malfunction
 - D. Improper grounding
- 10. What effect do stimulants generally have on sleep architecture?**
- A. Increase REM sleep
 - B. Decrease slow wave sleep
 - C. Enhance overall sleep quality
 - D. Promote longer sleep duration

Answers

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

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Explanations

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1. What does effective patient education typically include prior to a sleep study?

- A. Assurance of immediate diagnosis
- B. Explanation of the sleep study procedures and expected outcomes**
- C. Encouragement to sleep in a different environment
- D. Making patients worry about the procedure

Effective patient education prior to a sleep study is crucial for ensuring that patients feel informed and comfortable with the process. The inclusion of an explanation of the sleep study procedures and expected outcomes helps patients understand what they will experience during the study, which can reduce anxiety and improve their cooperation. Knowing the purpose of the study, the equipment being used, how measurements will be taken, and what the patient can expect in terms of sleep behavior can empower them and alleviate fears associated with unfamiliar procedures. In contrast, assuring a patient of an immediate diagnosis is misleading, as the results of a sleep study typically require analysis and interpretation by a qualified professional before a diagnosis can be made. Encouraging patients to sleep in a different environment may not be beneficial, as it could interfere with their typical sleep patterns and data accuracy. Finally, inducing worry about the procedure would counteract the goals of patient education, which aims to provide clarity, assurance, and empowerment to enable patients to undergo the sleep study smoothly and effectively.

2. How many periods of REM sleep does a normal, healthy adult typically experience?

- A. 1-2
- B. 2-3
- C. 3-4**
- D. 4-5

A normal, healthy adult typically experiences 3 to 4 periods of REM sleep throughout a night of sleep. REM, or rapid eye movement, sleep is crucial for various functions including memory consolidation, emotional regulation, and overall cognitive performance. Each cycle of sleep consists of multiple stages, with REM sleep occurring approximately every 90 minutes, leading to several episodes during a typical night. The duration and frequency of REM sleep can depend on factors such as age, sleep patterns, and overall health, but the general range of 3 to 4 episodes in a night is widely accepted in sleep research and clinical practice.

3. The 60-Hz notch filter is used to eliminate?

- A. Muscle Artifact
- B. Respiratory Signals
- C. Artifact generated from electrical devices**
- D. Cardiac Interference

The 60-Hz notch filter is specifically designed to eliminate interference caused by electrical devices, particularly the hum from alternating current (AC) power sources in North America, which operates at a frequency of 60 Hz. This type of interference is commonly referred to as "power line noise" or "electrical artifact." In a polysomnographic setting, when monitoring a patient, this noise can obscure important physiological signals, leading to inaccurate interpretations of the data. By applying a 60-Hz notch filter, technologists can effectively reduce this interference, allowing for clearer readings of brain waves, muscle activity, and other vital signs captured during the sleep study. Muscle artifacts, respiratory signals, and cardiac interference are not effectively filtered by the 60-Hz notch filter as they occur at different frequencies and are related to physiological activities rather than electrical noise. Thus, this filter is a critical tool in ensuring the quality of polysomnographic recordings by providing a cleaner signal free from such irrelevant electrical noise.

4. Which of the following is a characteristic of sleep deprivation?

- A. Improved mood
- B. Increased cognitive performance
- C. Memory lapses**
- D. Enhanced alertness

Memory lapses are a well-documented consequence of sleep deprivation. When individuals do not get enough sleep, their cognitive functions are significantly impaired. This includes difficulties with attention, problem-solving, and memory consolidation. The lack of adequate rest hampers the brain's ability to encode and retrieve information, leading to lapses in memory. Individuals may find it challenging to recall information or may exhibit slower processing speeds when trying to function without the necessary restorative sleep. The other choices do not align with the typical effects of sleep deprivation. For instance, improved mood and enhanced alertness are generally not observed in sleep-deprived individuals; rather, they often experience irritability and decreased focus. Similarly, cognitive performance tends to decline, not increase, in those who are sleep-deprived, resulting in reduced effectiveness in tasks requiring concentration and mental acuity.

5. Which condition is characterized by excessive daytime sleepiness?

- A. Sleep apnea
- B. Hypersomnia
- C. Insomnia
- D. Narcolepsy**

The condition characterized by excessive daytime sleepiness is narcolepsy. This neurological disorder affects the brain's ability to regulate sleep-wake cycles, leading to severe daytime drowsiness and sudden episodes of sleep, known as sleep attacks. Individuals with narcolepsy may experience an overwhelming urge to sleep at inappropriate times, which significantly impacts their daily functioning. Narcolepsy can also include other symptoms, such as cataplexy (sudden loss of muscle tone), sleep paralysis, and hallucinations during the transition between wakefulness and sleep. This combination of symptoms highlights how narcolepsy distinctly manifests as excessive daytime sleepiness, distinguishing it from other sleep disorders. While sleep apnea can lead to daytime sleepiness due to disrupted sleep patterns, it is primarily characterized by breathing interruptions during sleep. Hypersomnia also involves excessive sleepiness but relates more broadly to excessive sleep duration rather than the sleep attacks that define narcolepsy. Insomnia, on the other hand, is characterized by difficulty falling or staying asleep, which typically does not lead to excessive daytime sleepiness as a primary symptom.

6. What is a common psychological comorbidity associated with sleep disorders?

- A. Schizophrenia
- B. Depression**
- C. Obsessive-compulsive disorder
- D. Bipolar disorder

Depression is frequently associated with sleep disorders, making it a common psychological comorbidity. Many individuals with depression experience disturbances in their sleep patterns, such as insomnia or hypersomnia. These sleep issues can exacerbate depressive symptoms, creating a feedback loop that makes both conditions more difficult to manage. The relationship between sleep and mood is significant; lack of restorative sleep can impair mood regulation and worsen the symptoms of depression. Other conditions listed, while they may also coexist with sleep disorders, are not as prevalent as depression in studies examining sleep problems and psychological health. Schizophrenia can be associated with sleep disruptions, but it is less common as a direct comorbidity. Obsessive-compulsive disorder may involve sleep issues as well, but its connection to sleep disorders is not as strong or frequent as with depression. Bipolar disorder can also be linked to sleep disturbances, although the nature of the sleep issues can vary during different mood episodes. Overall, depression is the most commonly observed comorbidity among individuals suffering from sleep disorders.

7. Which type of sleep is characterized by rapid eye movement?

- A. Non-REM sleep
- B. Stage 1 sleep
- C. Stage 2 sleep
- D. REM sleep**

Rapid eye movement (REM) sleep is indeed characterized by quick, jerky movements of the eyes, which is where it gets its name. This type of sleep is marked by vivid dreaming, heightened brain activity, and muscle atonia, meaning the body is effectively paralyzed during this phase. REM sleep plays a crucial role in emotional regulation and memory consolidation. In contrast, Non-REM sleep, which includes stages 1, 2, and 3, is characterized by slower brain waves and a more restful state without the rapid eye movements seen in REM. Stage 1 sleep is the transition from wakefulness to sleep and is a light sleep stage; Stage 2 involves deeper sleep but still lacks the eye movement characteristic of REM. Therefore, the unique feature of REM sleep—namely the rapid eye movements—is what sets it apart from other sleep stages.

8. What does a high AHI score indicate after a sleep apnea study?

- A. A low occurrence of apnea events
- B. An average sleep quality
- C. A high occurrence of apnea and hypopnea events**
- D. A diagnosis of insomnia

A high Apnea-Hypopnea Index (AHI) score indicates a high occurrence of apnea and hypopnea events during a sleep study. The AHI is a critical metric used to quantify the severity of sleep apnea, calculated based on the total number of apneas (complete cessation of airflow) and hypopneas (partial blockage of airflow) experienced during a specific period of sleep, typically reported per hour. When the AHI score is elevated, it reflects that the individual experiences numerous interruptions in breathing while asleep, which can lead to fragmented sleep and subsequent daytime fatigue. This high occurrence is directly correlated with significant health risks, including cardiovascular problems and decreased overall well-being. In contrast, a low AHI score would indicate fewer events, suggesting less severe or no sleep apnea. Similarly, average sleep quality would not align with a high index score, and a diagnosis of insomnia pertains to difficulty in initiating or maintaining sleep rather than breathing-related events during sleep. Thus, a high AHI score is clearly indicative of greater apnea and hypopnea incidents that warrant attention and potential intervention.

9. When a signal begins blocking and squaring off at the top, what is typically the cause?

- A. Patient movement
- B. The gain (sensitivity) being set too high**
- C. Electrode malfunction
- D. Improper grounding

When a signal appears to be blocking and squaring off at the top, it is typically due to the gain (sensitivity) being set too high. In polysomnography, if the gain is increased excessively, the amplitude of the signals can exceed the measurable range of the device, resulting in a clipped signal. This clipping manifests as a squared-off appearance, reflecting that the true amplitude of the physiological signal is not accurately captured because the measuring instrument cannot process the input that exceeds its maximum capacity. This phenomenon highlights the importance of appropriately setting the gain to capture physiologic signals accurately without distortion. If the signal is clipped due to high gain, it may lead to misinterpretation of the patient's data, complicating diagnosis and treatment. Proper signal processing starts with optimal gain settings, ensuring that the signals are within the operational range of the recording equipment for accurate representation.

10. What effect do stimulants generally have on sleep architecture?

- A. Increase REM sleep
- B. Decrease slow wave sleep**
- C. Enhance overall sleep quality
- D. Promote longer sleep duration

Stimulants primarily influence sleep architecture by decreasing slow wave sleep (SWS), which is considered the most restorative phase of sleep. Slow wave sleep is crucial for various biological functions, including memory consolidation and physical restoration. The presence of stimulants, such as caffeine or amphetamines, can lead to increased alertness and wakefulness, ultimately resulting in less time spent in deep sleep. In contrast, stimulants generally do not enhance REM sleep or overall sleep quality; in fact, they can often lead to disturbances in these areas as well. They are also unlikely to promote longer sleep duration, as their stimulating effects tend to shorten the total amount of sleep a person gets. Thus, the correct understanding of the impact of stimulants on sleep is encompassed in the notion that they decrease the amount of slow wave sleep, hindering the sleep cycle and overall sleep health.

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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