

Certified Polysomnographic Technician (CPSGT) Practice Exam (Sample)

Study Guide



Everything you need from our exam experts!

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SAMPLE

Questions

SAMPLE

- 1. What can cause a false result in a multiple sleep latency test?**
 - A. Excess caffeine consumption**
 - B. Sleeping in a position that obstructs airflow**
 - C. Using sleep medications prior to the test**
 - D. All of the above**

- 2. Amplifier calibrations _____.**
 - A. Ensure that the channels are set correctly**
 - B. Enhance signal clarity**
 - C. Reduce background noise**
 - D. Improve data storage**

- 3. What is the relationship between obesity and sleep apnea?**
 - A. Obesity has no impact on sleep apnea risk**
 - B. Higher obesity correlates with increased risk for obstructive sleep apnea**
 - C. Weight loss always cures sleep apnea**
 - D. Obesity only affects central sleep apnea**

- 4. What is the most common sleep disorder among Americans?**
 - A. Sleep apnea**
 - B. Insomnia**
 - C. Restless leg syndrome**
 - D. Narcolepsy**

- 5. What does the term "hypopnea" refer to?**
 - A. A complete cessation of airflow**
 - B. A reduced airflow during sleep that results in a drop in blood oxygen levels**
 - C. An increased breathing effort**
 - D. A temporary awakening from sleep**

- 6. What type of measurements does actigraphy primarily focus on to assess sleep quality?**
- A. Heart rate variability**
 - B. Physical movement**
 - C. Respiratory patterns**
 - D. EEG activity**
- 7. What is the purpose of a sleep diary in sleep studies?**
- A. To monitor medication schedules**
 - B. To track sleep patterns and behaviors prior to a polysomnography test**
 - C. To record dietary intake related to sleep**
 - D. To document physical exercise routines**
- 8. What is the definition of "sleep efficiency"?**
- A. The total number of sleep cycles completed**
 - B. The percentage of time spent asleep while in bed**
 - C. The duration of uninterrupted sleep**
 - D. The amount of time taken to fall asleep**
- 9. What does EEG stand for in a polysomnographic context?**
- A. Electroencephalography**
 - B. Electrocardiography**
 - C. Electromyography**
 - D. Electrooxygenography**
- 10. What does actigraphy measure to determine sleep-wake patterns?**
- A. Brain wave activity**
 - B. Heart rate**
 - C. Recording movements**
 - D. Breath disturbances**

Answers

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

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Explanations

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1. What can cause a false result in a multiple sleep latency test?

- A. Excess caffeine consumption
- B. Sleeping in a position that obstructs airflow
- C. Using sleep medications prior to the test
- D. All of the above**

A false result in a multiple sleep latency test (MSLT) can arise from various factors that influence sleep quality and quantity. Excess caffeine consumption is known to significantly affect sleep patterns and can lead to decreased sleepiness during the test, thereby skewing the results. Consuming stimulants like caffeine close to the test can result in a person remaining alert when they might otherwise have a decreased ability to maintain wakefulness. Additionally, sleeping in a position that obstructs airflow, such as a position that could exacerbate sleep apnea, can also lead to poor sleep quality. Obstructed airflow causes fragmented sleep, which can affect how quickly an individual falls asleep during the test, leading to unreliable outcomes. Using sleep medications prior to the test can affect sleep architecture and the ability to enter different sleep stages quickly. If medications induce excessive sleepiness, this can artificially inflate the results of the test, suggesting a greater tendency to sleep than what the individual typically experiences without medication. Since all these factors contribute to potentially misleading results on an MSLT, the comprehensive nature of these influences justifies why the correct response encompasses all of the mentioned scenarios. Each factor plays a significant role in the overall assessment of sleep latency, making the correctness of the response valid.

2. Amplifier calibrations _____.

- A. Ensure that the channels are set correctly**
- B. Enhance signal clarity
- C. Reduce background noise
- D. Improve data storage

Amplifier calibrations play a crucial role in maintaining the accuracy and reliability of the polysomnography data collected during sleep studies. By ensuring that the channels are set correctly, calibrations help to establish a baseline for the signals being monitored. This process allows the equipment to interpret the physiological signals, such as those from the EEG, EOG, and EMG, with the appropriate gain and sensitivity settings. When the channels are correctly calibrated, it ensures that the amplitude of the signals received is optimal for analysis, facilitating a clear representation of the patient's sleep patterns and any potential sleep disorders. This is vital as misconfigured settings can lead to misinterpretation of the data, affecting clinical decisions based on that information. While enhancements in signal clarity, reducing background noise, and improving data storage are all important aspects of signal processing and data management, they are secondary functions that can be influenced by proper calibration. However, the primary function specifically attributed to amplifier calibration is ensuring that the channels are set accurately to reflect the true physiological signals being monitored.

3. What is the relationship between obesity and sleep apnea?

- A. Obesity has no impact on sleep apnea risk
- B. Higher obesity correlates with increased risk for obstructive sleep apnea**
- C. Weight loss always cures sleep apnea
- D. Obesity only affects central sleep apnea

The relationship between obesity and sleep apnea, particularly obstructive sleep apnea, has been well-established in medical literature. Obesity contributes to the development and exacerbation of obstructive sleep apnea due to the accumulation of excess fatty tissues around the neck and throat. This fatty tissue can increase airway resistance and lead to partial or complete obstruction of the airway during sleep. As a result, individuals with higher body mass indexes (BMIs) are at an increased risk of experiencing episodes of apnea, leading to disrupted sleep patterns and other associated health risks. Weight reduction can indeed improve or even resolve obstructive sleep apnea symptoms in some individuals; however, it does not guarantee a complete cure for everyone, which underscores the need for ongoing management and treatment. Furthermore, sleep apnea can manifest in various ways beyond obesity, including other forms such as central sleep apnea, but the link between obesity and obstructive sleep apnea specifically is significant and well-documented.

4. What is the most common sleep disorder among Americans?

- A. Sleep apnea
- B. Insomnia**
- C. Restless leg syndrome
- D. Narcolepsy

Insomnia is often recognized as the most common sleep disorder affecting Americans. It is characterized by difficulty falling asleep, staying asleep, or waking up too early and not being able to return to sleep. Insomnia can be triggered by various factors, including stress, anxiety, certain medications, and lifestyle choices. Its prevalence is high in the general population, with a significant number of individuals reporting symptoms at some point in their lives. In contrast, while conditions such as sleep apnea are also widespread, they predominantly affect specific populations, often related to obesity or anatomical factors. Restless leg syndrome and narcolepsy are less common than insomnia and typically involve more specific symptoms that limit their prevalence in the general population. Understanding the ample reach of insomnia helps in recognizing its impact on daily functioning and overall health, making it a critical area of focus in sleep medicine.

5. What does the term "hypopnea" refer to?

- A. A complete cessation of airflow**
- B. A reduced airflow during sleep that results in a drop in blood oxygen levels**
- C. An increased breathing effort**
- D. A temporary awakening from sleep**

The term "hypopnea" specifically refers to a condition characterized by reduced airflow during sleep, typically leading to a notable drop in blood oxygen levels. This reduction in airflow can occur due to partial airway obstruction or other factors affecting respiratory function during sleep. In a clinical context, hypopnea is often assessed in sleep studies where a decrease in airflow is measured, and the resultant decrease in oxygen saturation (desaturation) can have significant implications for a patient's overall health and quality of sleep. The essential aspect of hypopnea is that it is not a complete blockage (as in apnea) but rather a significant reduction that prompts physiological changes such as arousal from sleep and can lead to cardiovascular strain over time. Understanding hypopnea is crucial in diagnosing and managing conditions like obstructive sleep apnea, where episodes of hypopnea can exacerbate sleep disturbances and negatively impact health outcomes.

6. What type of measurements does actigraphy primarily focus on to assess sleep quality?

- A. Heart rate variability**
- B. Physical movement**
- C. Respiratory patterns**
- D. EEG activity**

Actigraphy primarily focuses on physical movement to assess sleep quality. This method involves the use of a wearable device that tracks movements over time, typically using accelerometers, to determine sleep patterns and disruptions. By analyzing the data collected, actigraphy can provide insights into the duration and quality of sleep, as well as differentiate between periods of activity and rest. This approach is particularly valuable because it offers an objective measure of sleep-related activity without the need for more intrusive methods like polysomnography, making it suitable for home use. The ability to capture movements allows for the identification of sleep cycles and can help distinguish between sleep states based on the patterns of activity, enabling healthcare professionals to evaluate sleep behaviors effectively.

7. What is the purpose of a sleep diary in sleep studies?

- A. To monitor medication schedules
- B. To track sleep patterns and behaviors prior to a polysomnography test**
- C. To record dietary intake related to sleep
- D. To document physical exercise routines

The primary purpose of a sleep diary in sleep studies is to track sleep patterns and behaviors prior to a polysomnography test. This tool enables patients to self-report their nightly sleep experiences, including the times they go to bed and wake up, the duration and quality of sleep, and any nighttime awakenings. The information gathered can help healthcare providers to identify sleep disorders, evaluate insomnia, and assess the patient's lifestyle and habits that may influence their sleep. Utilizing this diary helps in creating a comprehensive picture of the individual's sleep habits, which can be crucial for accurate diagnosis and tailored treatment plans. Therefore, the data collected through the sleep diary serves as a valuable complement to the objective data obtained from polysomnography, providing insights that might not otherwise be captured in a single overnight test.

8. What is the definition of "sleep efficiency"?

- A. The total number of sleep cycles completed
- B. The percentage of time spent asleep while in bed**
- C. The duration of uninterrupted sleep
- D. The amount of time taken to fall asleep

Sleep efficiency is defined as the percentage of time spent asleep while in bed, which is a key metric in evaluating sleep quality. It provides insight into how well a person is able to convert time spent in bed into actual sleep. This measurement is essential for sleep studies, as it can indicate various sleep disorders or disturbances. High sleep efficiency generally suggests that an individual is able to stay asleep once they have fallen asleep, while a low sleep efficiency score can indicate problems such as insomnia or frequent awakenings during the night. Understanding this concept is crucial for polysomnographic technicians, as they monitor and interpret sleep data to assist in diagnosing and treating sleep-related issues. The other choices, while related to various aspects of sleep, do not accurately define sleep efficiency. For example, the total number of sleep cycles completed refers to the overall structure of sleep stages rather than the efficiency of sleep. The duration of uninterrupted sleep might provide some insight into sleep quality, but it does not encompass the totality of time in bed. Lastly, the amount of time taken to fall asleep relates to sleep onset latency and does not address the efficiency aspect of sleep.

9. What does EEG stand for in a polysomnographic context?

- A. Electroencephalography**
- B. Electrocardiography**
- C. Electromyography**
- D. Electrooxygenography**

In the context of polysomnography, EEG stands for Electroencephalography. This technique is fundamental in sleep studies as it involves the recording of electrical activity in the brain through electrodes placed on the scalp. By measuring brain waves, EEG helps to identify different sleep stages and monitor the overall brain activity during sleep, which is crucial for diagnosing sleep disorders such as insomnia, sleep apnea, and narcolepsy. Electrocardiography, the second option, measures the electrical activity of the heart and is not related to brain activity or sleep monitoring. Electromyography focuses on recording electrical activity in muscles, which does not pertain to the brain waves necessary for understanding sleep patterns. Electrooxygenography, although sounding similar, is not a recognized term in the context of polysomnography and does not apply to the measurement of sleep. Thus, understanding that EEG specifically relates to brain function helps clarify its importance in sleep studies.

10. What does actigraphy measure to determine sleep-wake patterns?

- A. Brain wave activity**
- B. Heart rate**
- C. Recording movements**
- D. Breath disturbances**

Actigraphy is a non-invasive method used to monitor sleep-wake patterns by recording movements over a period of time. This method typically involves wearing a wristwatch-like device that contains an accelerometer to detect motion. The principle behind actigraphy is that when a person is awake and active, the device detects movement; conversely, when the person is asleep, there is typically less movement. By analyzing the collected data, clinicians can determine periods of activity and inactivity, which helps in assessing sleep quality and quantity. The other options relate to different physiological measurements. Brain wave activity is measured through techniques such as polysomnography, which assesses the electrical activity in the brain during sleep. Heart rate monitoring can provide information about cardiovascular responses during sleep but does not directly indicate sleep-wake status. Lastly, recording breath disturbances pertains to monitoring respiratory events, typically during a sleep study for diagnosing conditions like sleep apnea, but it also does not directly capture sleep-wake patterns in the same manner as actigraphy does.