

# Certified Polysomnographic Technician (CPSGT) Practice Exam (Sample)

## Study Guide



**Everything you need from our exam experts!**

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**SAMPLE**

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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

- 1. Which stage of sleep is characterized by rapid eye movement (REM)?**
  - A. Stage 1 sleep**
  - B. Non-REM sleep**
  - C. Stage 2 sleep**
  - D. REM sleep**
- 2. How does alcohol consumption commonly affect sleep patterns?**
  - A. Improves REM sleep**
  - B. Decreases insomnia**
  - C. Increases obstructive sleep apnea**
  - D. Helps maintain deep sleep**
- 3. In children, most common parasomnias such as night terrors and sleepwalking present in what stage of sleep?**
  - A. REM sleep**
  - B. Stage 2**
  - C. Stage 3**
  - D. Stage 1**
- 4. Which waveforms are typically observed in the EEG during REM sleep?**
  - A. Delta waves and high-amplitude waves**
  - B. Alpha waves and theta waves**
  - C. Sawtooth waves and low-voltage mixed frequency waves**
  - D. Beta waves and slow waves**
- 5. Hypnogram analysis is primarily used to evaluate what?**
  - A. Sleep architecture**
  - B. Sleep efficiency**
  - C. Sleep disorders**
  - D. All of the above**

- 6. What is the primary role of a polysomnographic technician?**
- A. To administer anesthesia during sleep studies**
  - B. To conduct sleep studies and monitor patients' sleep patterns**
  - C. To prescribe medications for sleep disorders**
  - D. To supervise sleep-related surgeries**
- 7. Which of the following is often a symptom of obstructive sleep apnea?**
- A. Insomnia**
  - B. Loud snoring**
  - C. Sleep paralysis**
  - D. Sleep terrors**
- 8. What is a potential risk of untreated obstructive sleep apnea?**
- A. Reduced quality of life**
  - B. Increased risk of stroke**
  - C. Weight gain**
  - D. Everything is normal**
- 9. What symptom might a patient report if they have nocturnal seizures?**
- A. Unexplained confusion or weakness upon waking**
  - B. Excessive daytime sleepiness**
  - C. Frequent awakenings**
  - D. Vivid dreams**
- 10. What are the components of a typical sleep study?**
- A. Heart rate and blood pressure monitoring**
  - B. EEG, EOG, EMG, oximetry, and airflow measurements**
  - C. Blood tests and urine samples**
  - D. Only EEG and EOG**

## **Answers**

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

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## **Explanations**

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**1. Which stage of sleep is characterized by rapid eye movement (REM)?**

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

The stage of sleep characterized by rapid eye movement (REM) is indeed REM sleep. This stage is notable for various physiological changes that occur during the sleep cycle, including increased brain activity, heightened heart rate, and unpredictable breathing patterns. It is during REM sleep that most vivid dreaming occurs, making it a crucial part of the sleep cycle for cognitive functions such as memory consolidation and emotional processing. In the context of sleep stages, REM sleep typically follows the non-REM stages and cycles through the night. The occurrence of rapid eye movements distinguishes REM sleep visually, as the eyes move rapidly in various directions beneath the eyelids. This is in contrast to non-REM sleep stages, where such eye movements are generally absent and the individual is in a deeper, restorative state. Understanding the unique features of REM sleep provides insight into its vital role in overall sleep quality and health.

**2. How does alcohol consumption commonly affect sleep patterns?**

- A. Improves REM sleep**
- B. Decreases insomnia**
- C. Increases obstructive sleep apnea**
- D. Helps maintain deep sleep**

Alcohol consumption commonly affects sleep patterns by increasing the risk of obstructive sleep apnea. While alcohol may initially promote sleep onset due to its sedative properties, it can disrupt the normal sleep cycle and lead to a variety of sleep disturbances. One of the significant effects of alcohol is its impact on the upper airway. It relaxes the muscles in the throat, which can contribute to airway obstruction during sleep. This obstructive sleep apnea can lead to periods of reduced or halted breathing, causing fragmented sleep and reducing overall sleep quality. As a result, individuals might experience more frequent awakenings and excessive daytime sleepiness. In contrast, alcohol's effects on REM sleep and deep sleep are usually detrimental. It tends to suppress REM sleep in the initial sleep cycles, which can lead to a rebound effect later in the night, potentially leading to more restless sleep. Additionally, while some may believe that alcohol helps with insomnia or promotes deeper sleep, the reality is that it often disrupts the natural sleep architecture, resulting in poorer sleep quality overall.

**3. In children, most common parasomnias such as night terrors and sleepwalking present in what stage of sleep?**

- A. REM sleep**
- B. Stage 2**
- C. Stage 3**
- D. Stage 1**

The correct answer is Stage 3, also known as slow-wave sleep or deep sleep. Most common parasomnias, such as night terrors and sleepwalking, typically occur during this stage due to the physiological and neurological processes that characterize deep sleep. Stage 3 is marked by the presence of delta waves, which are slow brain waves. During this stage, the body is in a state of low arousal, but certain brain systems are still active. This unique combination of deep sleep and partial awakening is thought to be conducive to the manifestations of parasomnias. For instance, during episodes of sleepwalking, individuals may perform complex actions while still in a state of deep sleep, which results in a lack of full awareness of their actions. In contrast, REM sleep, while important for vivid dreaming and emotional regulation, does not typically facilitate these behaviors, as the body is effectively paralyzed to prevent the enactment of dreams. Stage 2 is primarily associated with lighter sleep that precedes deep sleep and is less likely for parasomnias to manifest. Stage 1, being the transitional phase to deeper sleep, is also less stable for such sleep disturbances. Thus, understanding the characteristics of sleep stages is crucial for recognizing when specific sleep disorders

**4. Which waveforms are typically observed in the EEG during REM sleep?**

- A. Delta waves and high-amplitude waves**
- B. Alpha waves and theta waves**
- C. Sawtooth waves and low-voltage mixed frequency waves**
- D. Beta waves and slow waves**

During REM (Rapid Eye Movement) sleep, the electroencephalogram (EEG) typically exhibits a unique pattern characterized by sawtooth waves and low-voltage mixed frequency waves. This specific waveform pattern reflects the brain's activity during this sleep stage, which resembles the waking state in terms of some brain activity, although muscle atonia (loss of muscle tone) occurs and is a defining feature of REM sleep. Sawtooth waves are distinct triangular waveforms that were first identified during the REM phase, specifically within the theta frequency range, and they often appear in bursts. Meanwhile, low-voltage mixed frequency activity comprises a combination of different waveforms that can include theta waves and some faster frequencies, indicating heightened brain activity during this phase of sleep. This combination is significant as it correlates with vivid dreaming and neurological processes that occur during REM sleep. Recognizing these waveforms is crucial for professionals in polysomnography, as it aids in differentiating REM sleep from other sleep stages and understanding the complexities of sleep architecture.

**5. Hypnogram analysis is primarily used to evaluate what?**

- A. Sleep architecture**
- B. Sleep efficiency**
- C. Sleep disorders**
- D. All of the above**

Hypnogram analysis is a crucial component in the evaluation of various aspects of sleep. It provides a visual representation of the different sleep stages over the course of a sleep period, aiding in the understanding of sleep architecture, which refers to the structure and pattern of sleep cycles throughout the night. By examining the hypnogram, practitioners can determine how well the various stages of sleep—such as REM and non-REM sleep—are distributed and whether there are any disruptions present. Additionally, hypnogram analysis is instrumental in assessing sleep efficiency, which measures the proportion of time spent asleep while in bed. It helps in identifying instances of wakefulness during the sleep period, making it a valuable tool in determining how effectively an individual is sleeping. Moreover, hypnograms are used to identify and assess sleep disorders. Alterations in the expected patterns of sleep cycles can signal various sleep-related issues such as insomnia, sleep apnea, and narcolepsy. Thus, the ability to evaluate all these elements—sleep architecture, sleep efficiency, and sleep disorders—through hypnogram analysis justifies the selection of the comprehensive answer that encapsulates the full scope of its utility in sleep studies.

**6. What is the primary role of a polysomnographic technician?**

- A. To administer anesthesia during sleep studies**
- B. To conduct sleep studies and monitor patients' sleep patterns**
- C. To prescribe medications for sleep disorders**
- D. To supervise sleep-related surgeries**

The primary role of a polysomnographic technician involves conducting sleep studies and monitoring patients' sleep patterns. In this capacity, the technician plays a critical part in the diagnostic process by setting up and managing sleep recording equipment, preparing patients for the study, and observing their sleep patterns throughout the night. This role is essential for gathering data needed for interpreting sleep stages and identifying sleep disorders, ensuring that the results are valid and reliable for further evaluation by healthcare professionals. Other roles mentioned, such as administering anesthesia, prescribing medications, or supervising surgeries, fall outside the scope of a polysomnographic technician's responsibilities. Anesthesia administration requires specialized training and usually involves anesthesiologists or nurse anesthetists. Prescribing medication necessitates a medical license and is therefore the responsibility of physicians or qualified healthcare providers. Similarly, supervising surgeries is reserved for surgical teams and medical doctors who are qualified to perform and oversee such procedures. Thus, the focus of the polysomnographic technician remains on conducting the sleep studies and providing essential observational support.

**7. Which of the following is often a symptom of obstructive sleep apnea?**

- A. Insomnia**
- B. Loud snoring**
- C. Sleep paralysis**
- D. Sleep terrors**

Loud snoring is often a prominent symptom of obstructive sleep apnea (OSA). In OSA, the airway becomes partially or completely blocked during sleep, leading to disrupted breathing patterns. This disruption causes airflow to be obstructed, resulting in snoring as air tries to pass through narrowed passages. The loudness and interrupted nature of the snoring may also be accentuated by episodes where breathing stops temporarily, which can lead to gasping or choking sounds that often awaken the individual or disturb their partner. In contrast, insomnia, sleep paralysis, and sleep terrors do not specifically link to obstructive sleep apnea. While individuals with OSA may experience insomnia due to frequent awakenings, it is not a direct symptom of the condition itself. Sleep paralysis involves the temporary inability to move or speak while falling asleep or waking up, which is unrelated to the airway obstructions seen in OSA. Sleep terrors are episodes of intense fear during sleep, typically associated with non-REM sleep rather than the distinct breathing issues characteristic of obstructive sleep apnea.

**8. What is a potential risk of untreated obstructive sleep apnea?**

- A. Reduced quality of life**
- B. Increased risk of stroke**
- C. Weight gain**
- D. Everything is normal**

Untreated obstructive sleep apnea (OSA) can lead to a variety of serious health consequences, one of which is an increased risk of stroke. This risk is largely due to the intermittent hypoxia and subsequent stress on the cardiovascular system that occurs during apnea episodes. When breathing stops temporarily during sleep, oxygen levels decrease, which triggers a physiological response that can contribute to the development of conditions such as hypertension and heart disease. These conditions, in turn, are well-documented risk factors for stroke. Additionally, the fragmentation of sleep resulting from OSA not only affects cardiovascular health but can also lead to cognitive impairments and metabolic issues over time. Recognizing this relationship is vital for early intervention and management of patients with sleep apnea. While other choices highlight valid concerns—such as reduced quality of life from sleep deprivation and potential weight gain resulting from metabolic changes—the increased risk of stroke specifically emphasizes a severe medical consequence, making it a crucial area of focus in the context of untreated OSA.

**9. What symptom might a patient report if they have nocturnal seizures?**

- A. Unexplained confusion or weakness upon waking**
- B. Excessive daytime sleepiness**
- C. Frequent awakenings**
- D. Vivid dreams**

A patient experiencing nocturnal seizures may report unexplained confusion or weakness upon waking as a significant symptom. This occurs because nocturnal seizures can disrupt normal sleep patterns and lead to a postictal state, which is the period of time following a seizure when neurological function is gradually recovering. During this postictal state, patients might feel confused, disoriented, or experience physical weakness as their brain and body recover from the seizure activity. While excessive daytime sleepiness, frequent awakenings, and vivid dreams can be associated with various sleep disorders or disturbances, they are not as specifically indicative of nocturnal seizures as the symptom of waking confusion or weakness. Sleep disruptions caused by seizures primarily stem from the immediate effects of the seizures themselves, thus leading to confusion or weakness as a direct consequence.

**10. What are the components of a typical sleep study?**

- A. Heart rate and blood pressure monitoring**
- B. EEG, EOG, EMG, oximetry, and airflow measurements**
- C. Blood tests and urine samples**
- D. Only EEG and EOG**

The correct response identifies the key components of a standard polysomnography study, which includes EEG (electroencephalogram), EOG (electrooculogram), EMG (electromyography), oximetry, and airflow measurements. Each of these elements plays a crucial role in assessing various aspects of sleep and can provide valuable information about the patient's sleep patterns and overall health. The EEG captures brain wave activity, crucial for determining different sleep stages, including REM and non-REM sleep. The EOG monitors eye movements, which helps differentiate between sleep stages and is particularly important for identifying REM sleep. The EMG measures muscle activity, typically from the chin or limbs, to assess for conditions like periodic limb movements or REM sleep behavior disorder. Oximetry is used to monitor blood oxygen levels, which can indicate breathing disturbances during sleep. Finally, airflow measurements are vital for detecting events like apneas or hypopneas, giving insight into sleep-disordered breathing. Other options, while they might include relevant aspects of health monitoring, do not encompass the complete range of measurements typically included in a sleep study. For example, heart rate and blood pressure monitoring can be part of a sleep evaluation but are not primary components analyzed during the study itself. Blood tests

## 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](mailto:hello@examzify.com).**

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

**<https://cpsgt.examzify.com>**

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