



PATIENT GUIDE

Understanding Your Therapy Check Report

A plain-language walkthrough of each section of your SleepHQ report — what the numbers mean, and how to use them.



What your scores mean



How to read the charts



Practical tips that help

OVERVIEW

What's In Your Report

Your report is organized into a few key parts. Here's what each one tells you.



Your Score & Severity

Your AHI/RDI numbers and where they fall on the mild-to-severe scale.



Event Summary

A breakdown of the different types of breathing events recorded overnight.



Oxygen & Heart

How your oxygen levels and heart rate behaved while you slept.



Detailed Charts

Night-long graphs showing exactly when events happened.

Your Night-by-Night Comparison Table

If your report covers several nights, you'll see a table like this — each column is one night, each row a different measurement. (Numbers below are illustrative.)

Metric	Night 1	Night 2	Night 3	Night 4	Night 5
AHI (3%)	26.5	11.0	8.4	6.9	5.2
RDI (3%)	31.0	15.2	12.1	9.8	7.6
Total Sleep Time	7h 40m	7h 20m	7h 35m	7h 50m	7h 45m
Total Recording Time	9h 50m	9h 10m	9h 5m	9h 20m	9h 15m
Minimum SpO2	76%	85%	89%	91%	92%
Mean SpO2	92%	94%	95%	96%	96%
Maximum SpO2	98%	98%	99%	99%	99%
Percent Below 90 SpO2	7.2%	3.1%	1.4%	0.6%	0.3%
Percent Bad Data	1.2%	0.8%	0.9%	0.7%	0.6%



AHI & RDI Rows

Your breathing-disturbance score for that specific night — compare across nights to see which settings helped most.



SpO2 Rows

Minimum, mean, and maximum oxygen for that night, plus how much time was spent below 90%.



Recording Time & Bad Data

Shows how much usable data was captured — very little sleep or lots of bad data makes a night less reliable to compare.

AHI & RDI — What Do They Mean?



AHI (Apnea-Hypopnea Index)

The number of times per hour your breathing was severely reduced during an apnea or became very shallow during a hypopnea while you slept.



RDI (Respiratory Disturbance Index)

RDI includes your AHI plus RERAs, which are brief periods of increased breathing effort that disturb your sleep without causing a full apnoea or hypopnoea. RDI is usually slightly higher than AHI because it counts a wider range of breathing disturbances, making it a more sensitive measure of overall sleep disruption.

The Severity Scale



A higher score means more disrupted breathing overnight — it's a starting point for the conversation with your clinician, not a diagnosis on its own.

The Types of Events We Track



Obstructive Events

Your airway is physically blocked or partly collapses, cutting off or reducing airflow.



Central Events

Your airway is open, but your brain briefly pauses the signal to breathe.



RERA

Breathing effort increases without meeting full apnea/hypopnea criteria — still enough to disturb and fragment sleep.



Desaturation

A drop in blood oxygen level, usually linked to a breathing event.



"Count" is the total for the night. "Index /hr" divides that by hours of sleep — it's the number to compare night to night.

Oxygen Saturation (SpO2)



What the chart shows

This line tracks the percentage of oxygen in your blood throughout the night. Healthy sleeping oxygen usually stays around 94–100% and is stable. Sharp downward spikes are desaturation clusters — moments where a breathing event caused your oxygen to drop, followed by a quick recovery.



Why it matters

"Time in Range" shows how many minutes were spent at each oxygen level. Brief, shallow , infrequent dips are common and usually not concerning. Frequent or deep drops, especially below 88–90% for extended periods are more clinically meaningful and worth discussing with your clinician.

Oxygen Saturation	Time in Range
Time between 90 - 80	2h 28m 55s (37.3%)
Time between 80 - 70	5m 3s (1.3%)
Time between 70 - 60	9s (0.0%)
Time between 60 - 50	0s (0.0%)
Time between 89 - 0	2h 19s (30.2%)
Time between 88 - 0	1h 25m 19s (21.4%)

Heart Rate & Sleep Stages



Heart Rate

Heart rate naturally rises and falls in sleep. Spikes often line up with breathing events or arousals — your heart working harder in response to a drop in oxygen. "Time in Range" shows how much of the night it stayed in an expected zone.

Time in Range	
Time between 150 - 90	8m (1.6%)
Time between 90 - 50	8h 14m (98.5%)
Time between 50 - 0	0m (0.0%)



Sleep Efficiency & Latency

Sleep Efficiency is the % of time in bed actually asleep. Sleep Latency is how long it took to fall asleep. Wake After Sleep Onset is time spent awake once sleep began. Together these hint at overall sleep quality.

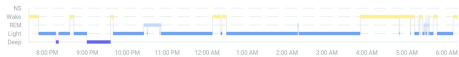
Sleep stats

Sleep Efficiency	77.9%
Sleep Latency	14m 30s
Wake After Sleep Onset	2h 8m



Sleep Stages

Wake, Light, Deep, and REM sleep each play a role. Deep sleep is the most physically restorative; REM supports memory and mood. Breathing events often cluster in REM, when muscles including airway muscles relax the most.



Stage	Duration	Percent (TST)
Wake	2h 22m 30s	--
Light	7h 10m 30.0s	85.9%
Deep	39m 30s	7.9%
REM	31m	6.2%

Reading the Event Timelines

Desaturations, Arousals, RERA, and Respiratory Event charts all follow the same format:



Each Bar = One Event

A single vertical bar marks a single event at that point in the night.



Height = Duration

Taller bars mean the event (or the recovery afterward) lasted longer, in seconds.



Clusters Matter

Dense clumps of bars point to stretches of poor breathing control — often tied to sleep position or REM sleep.



Compare Nights

Looking at the same chart across several nights shows whether a change (like therapy) is helping.

Why Your Results Change From Night to Night



Sleep Position

Sleeping on your back lets the tongue and soft tissue fall backward, making airway collapse more likely.



REM Sleep

Muscles — including airway muscles — relax more in REM, so events often cluster during these stretches.



Alcohol & Sedatives

These relax the airway further and blunt the arousal reflex that normally restarts breathing.



Late or Heavy Meals

Can affect breathing comfort and sleep quality, especially soon before bed.



Nasal Congestion

A blocked nose increases airway resistance and effort throughout the night.

Small Changes That Can Help



Try side sleeping, or slightly elevate your head, to reduce back-sleeping airway collapse.



Keep a consistent sleep and wake schedule, even on weekends.



Avoid alcohol close to bedtime — it relaxes the airway and disrupts breathing patterns.



Skip heavy or late meals in the hours before sleep.



Manage nasal congestion with saline rinses or treatments your clinician recommends.



Give yourself enough total time in bed to get a full night's sleep.

Turn Guesswork Into Data

A therapy check isn't just a one-time snapshot — repeating it after a change shows you, objectively, whether it actually helped.

1



Baseline

Record a night (or a few) at your current settings, so you know what you're starting from.

2



Adjust

Work with your provider or community to change one thing at a time a pressure, a accessory, a position, a stimulation level etc

3



Retest

Run another therapy check under the new settings, on a fairly typical night.

4



Compare

Line up AHI/RDI, oxygen, and the event charts side by side to see what actually moved.



Change one variable at a time, and loop in your prescribing provider before adjusting any medical device — this process shows what to bring to that conversation, not a replacement for it.

Ideas Worth Discussing With Your Provider



CPAP & APAP

- Pressure range — the minimum and maximum an auto-adjusting (APAP) machine can use
- Mode — fixed CPAP vs. auto-adjusting APAP vs. BiPAP
- Mask type and seal — nasal, full-face, or nasal pillow
- Comfort settings — ramp time, humidification, pressure relief (EPR)
- Positional or combination therapy alongside PAP, to ease the pressure your airway needs



Oral Appliance

- Advancement (titration) level, adjusted in small increments
- Vertical opening / bite adjustments
- Combination therapy — nasal strips or a nasal dilator to ease mouth breathing
- Positional therapy alongside the appliance
- Myofunctional therapy — exercises for tongue and airway muscles



Inspire Implant

- Stimulation amplitude (intensity)
- Start-delay timer — when stimulation begins after you fall asleep
- Electrode configuration, reprogrammed by your Inspire care team
- Sleep position — can still matter even with Inspire active
- Treating nasal congestion to reduce residual events



These pair well with anything above: positional therapy, nasal care, weight management, and cutting back on alcohol before bed.



Bring This Report to Your Next Visit

This guide explains what the numbers mean — your clinician can help interpret what they mean for you.

- Your AHI/RDI stays elevated despite therapy
- Oxygen drops remain frequent or deep
- You still feel tired despite following the guidance here