



Record the date you put the actigraph on your wrist: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Record the time you put the actigraph on your wrist today: \_\_\_\_ : \_\_\_\_ AM / PM

DAY 0

Please complete on:

**BEDTIME DIARY** *Fill out before bed.*

Did you doze off or take any naps today (circle one)? NO / YES . Please record nap times:

Nap 1 Start: \_\_\_\_ : \_\_\_\_ AM / PM

Nap 1 End: \_\_\_\_ : \_\_\_\_ AM / PM

Nap 2 Start: \_\_\_\_ : \_\_\_\_ AM / PM

Nap 2 End: \_\_\_\_ : \_\_\_\_ AM / PM

Nap 3 Start: \_\_\_\_ : \_\_\_\_ AM / PM

Nap 3 End: \_\_\_\_ : \_\_\_\_ AM / PM

5. Did you remove the actigraph today?

NO / YES

*If yes, please record removal times:*

Time removed (1) : \_\_\_\_ : \_\_\_\_ AM / PM

Time put on (1) : \_\_\_\_ : \_\_\_\_ AM / PM

Time removed (2) : \_\_\_\_ : \_\_\_\_ AM / PM

Time put on (2) : \_\_\_\_ : \_\_\_\_ AM / PM

Reason for removal:

DAY 1

Please complete on:

**MORNING DIARY** *Fill out in the morning.*

1. Last night, at what time did you get into bed?

\_\_\_\_ : \_\_\_\_ AM / PM

2. Last night, at what time did you try/intend to go to sleep?

\_\_\_\_ : \_\_\_\_ AM / PM

3. What time did you get up to start the day? By "start the day," we mean you were no longer trying to sleep.

\_\_\_\_ : \_\_\_\_ AM / PM

**BEDTIME DIARY** *Fill out before bed.*

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Nap 3 End: \_\_\_\_ : \_\_\_\_ AM / PM

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Time removed (1) : \_\_\_\_ : \_\_\_\_ AM / PM

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Time put on (2) : \_\_\_\_ : \_\_\_\_ AM / PM

Reason for removal:

## DAY 2

Please complete on:

**MORNING DIARY** *Fill out in the morning.*

1. Last night, at what time did you get into bed?

\_\_\_\_\_ : \_\_\_\_\_ AM / PM

2. Last night, at what time did you try/intend to go to sleep?

\_\_\_\_\_ : \_\_\_\_\_ AM / PM

3. What time did you get up to start the day? By "start the day," we mean you were no longer trying to sleep.

\_\_\_\_\_ : \_\_\_\_\_ AM / PM

**BEDTIME DIARY** *Fill out before bed.*

Did you doze off or take any naps today (circle one)? NO / YES . Please record nap times:

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Nap 1 End: \_\_\_\_\_ : \_\_\_\_\_ AM / PM

Nap 2 Start: \_\_\_\_\_ : \_\_\_\_\_ AM / PM

Nap 2 End: \_\_\_\_\_ : \_\_\_\_\_ AM / PM

Nap 3 Start: \_\_\_\_\_ : \_\_\_\_\_ AM / PM

Nap 3 End: \_\_\_\_\_ : \_\_\_\_\_ AM / PM

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Time put on (1) : \_\_\_\_\_ : \_\_\_\_\_ AM / PM

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Time put on (2) : \_\_\_\_\_ : \_\_\_\_\_ AM / PM

Reason for removal:

## DAY 3

Please complete on:

**MORNING DIARY** *Fill out in the morning.*

1. Last night, at what time did you get into bed?

\_\_\_\_\_ : \_\_\_\_\_ AM / PM

2. Last night, at what time did you try/intend to go to sleep?

\_\_\_\_\_ : \_\_\_\_\_ AM / PM

3. What time did you get up to start the day? By "start the day," we mean you were no longer trying to sleep.

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**BEDTIME DIARY** *Fill out before bed.*

Did you doze off or take any naps today (circle one)? NO / YES . Please record nap times:

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Nap 2 End: \_\_\_\_\_ : \_\_\_\_\_ AM / PM

Nap 3 Start: \_\_\_\_\_ : \_\_\_\_\_ AM / PM

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Time removed (2) : \_\_\_\_\_ : \_\_\_\_\_ AM / PM

Time put on (2) : \_\_\_\_\_ : \_\_\_\_\_ AM / PM

Reason for removal:

## DAY 4

Please complete on:

**MORNING DIARY** *Fill out in the morning.*

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\_\_\_\_\_ : \_\_\_\_\_ AM / PM

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3. What time did you get up to start the day? By "start the day," we mean you were no longer trying to sleep.

\_\_\_\_\_ : \_\_\_\_\_ AM / PM

**BEDTIME DIARY** *Fill out before bed.*

Did you doze off or take any naps today (circle one)? NO / YES . Please record nap times:

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Nap 2 End: \_\_\_\_\_ : \_\_\_\_\_ AM / PM

Nap 3 Start: \_\_\_\_\_ : \_\_\_\_\_ AM / PM

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Reason for removal:

## DAY 5

Please complete on:

**MORNING DIARY** *Fill out in the morning.*

1. Last night, at what time did you get into bed?

\_\_\_\_\_ : \_\_\_\_\_ AM / PM

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**BEDTIME DIARY** *Fill out before bed.*

Did you doze off or take any naps today (circle one)? NO / YES . Please record nap times:

Nap 1 Start: \_\_\_\_\_ : \_\_\_\_\_ AM / PM

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Nap 2 End: \_\_\_\_\_ : \_\_\_\_\_ AM / PM

Nap 3 Start: \_\_\_\_\_ : \_\_\_\_\_ AM / PM

Nap 3 End: \_\_\_\_\_ : \_\_\_\_\_ AM / PM

5. Did you remove the actigraph today?

NO / YES

*If yes, please record removal times:*

Time removed (1) : \_\_\_\_\_ : \_\_\_\_\_ AM / PM

Time put on (1) : \_\_\_\_\_ : \_\_\_\_\_ AM / PM

Time removed (2) : \_\_\_\_\_ : \_\_\_\_\_ AM / PM

Time put on (2) : \_\_\_\_\_ : \_\_\_\_\_ AM / PM

Reason for removal:

## DAY 6

Please complete on:

**MORNING DIARY** *Fill out in the morning.*

1. Last night, at what time did you get into bed?

\_\_\_\_\_ : \_\_\_\_\_ AM / PM

2. Last night, at what time did you try/intend to go to sleep?

\_\_\_\_\_ : \_\_\_\_\_ AM / PM

3. What time did you get up to start the day? By "start the day," we mean you were no longer trying to sleep.

\_\_\_\_\_ : \_\_\_\_\_ AM / PM

**BEDTIME DIARY** *Fill out before bed.*

Did you doze off or take any naps today (circle one)? NO / YES . Please record nap times:

Nap 1 Start: \_\_\_\_\_ : \_\_\_\_\_ AM / PM

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5. Did you remove the actigraph today?

NO / YES

*If yes, please record removal times:*

Time removed (1) : \_\_\_\_\_ : \_\_\_\_\_ AM / PM

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Time put on (2) : \_\_\_\_\_ : \_\_\_\_\_ AM / PM

Reason for removal:

## DAY 7

Please complete on:

**MORNING DIARY** *Fill out in the morning.*

1. Last night, at what time did you get into bed?

\_\_\_\_\_ : \_\_\_\_\_ AM / PM

2. Last night, at what time did you try/intend to go to sleep?

\_\_\_\_\_ : \_\_\_\_\_ AM / PM

3. What time did you get up to start the day? By "start the day," we mean you were no longer trying to sleep.

\_\_\_\_\_ : \_\_\_\_\_ AM / PM

**REMOVING THE ACTIGRAPH**

Time removed: \_\_\_\_\_ : \_\_\_\_\_ AM / PM

1. While you were wearing the actigraph, were there any nights that you were not in your normal sleep environment (e.g., away from home)?

NO / YES

Which nights? \_\_\_\_\_

2. Were there any events (e.g., emergencies, holidays, shift work) that disrupted your usual sleep habits while wearing the watch?

NO / YES

Which nights? \_\_\_\_\_

3. Did you travel between time zones at any time while wearing the actigraph?

NO / YES

a. From where (city/town, state) did you travel?

\_\_\_\_\_

b. Date and local time of departure:

\_\_\_\_\_ AM / PM

c. To where (city/town, state) did you travel?

\_\_\_\_\_

d. Date and local time of departure:

\_\_\_\_\_ AM / PM

Pt ID \_\_\_\_\_