



PARTICIPANT SLEEP DIARY

ID NUMBER:

FORM CODE:

P	S	D
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DATE:
11/27/2023
Version 1.0

ADMINISTRATIVE INFORMATION

0a. Completion Date: / /
Month Day Year

0b. Staff ID:

Instructions: This questionnaire is completed for all participants who received an Actigraph, Sleep Profiler and/or WatchPAT when the devices and Sleep Diary are returned to the clinic.

A. SLEEP DIARY

1. Day 1:

a. Went to bed: :
h h : m m

b. Got out of bed: :
h h : m m

c. Wore Actigraph:

d. Wore Sleep Profiler:

e. Wore WatchPAT:

2. Day 2:

a. Went to bed: :
h h : m m

b. Got out of bed: :
h h : m m

c. Wore Actigraph:

d. Wore Sleep Profiler:

e. Wore WatchPAT:

3. Day 3:

a. Went to bed: :
h h : m m

b. Got out of bed: :
h h : m m

c. Wore Actigraph:

d. Wore Sleep Profiler:

e. Wore WatchPAT:

4. Day 4:

a. Went to bed: :
h h : m m

b. Got out of bed: :
h h : m m

c. Wore Actigraph:

d. Wore Sleep Profiler:

e. Wore WatchPAT:

5. Day 5:

a. Went to bed: :
h h : m m

b. Got out of bed: :
h h : m m

c. Wore Actigraph:

d. Wore Sleep Profiler:

e. Wore WatchPAT:

6. Day 6:

a. Went to bed: :
h h : m m

b. Got out of bed: :
h h : m m

c. Wore Actigraph:

d. Wore Sleep Profiler:

e. Wore WatchPAT:

7. Day 7:

a. Went to bed: :
h h : m m

b. Got out of bed: :
h h : m m

c. Wore Actigraph:

d. Wore Sleep Profiler:

e. Wore WatchPAT: