**PARTICIPANT SLEEP DIARY**

**ID NUMBER:**

**FORM CODE:** P S D

**DATE:** 11/27/2023

**Version 1.0**

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**ADMINISTRATIVE INFORMATION**

0a. Completion Date: [ ] / [ ] / [ ]

0b. Staff ID: [ ] [ ] [ ]

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**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.

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**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: 

PSD Participant Sleep Diary
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:  

PSD Participant Sleep Diary