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

## **Actigraphy Instructions**

## Wearing the Actigraph

- If you are **right-handed**, please wear the actigraph on your **left wrist**
- If you are **left-handed**, please wear the actigraph on your **right wrist**
- It should fit snugly but comfortably
- <u>The Actigraph is not waterproof.</u> Please remove it before bathing or swimming and try not to get it wet while washing dishes. Put it back on as soon as possible, and record the time you removed it and put it back on, and the reason for removal in your sleep diary.

# **Sleep Diary**

• To help us identify the time that you are lying in bed with the <u>intention</u> of sleeping, please complete the sleep diary <u>two</u> times daily.

#### MORNING DIARY

Please complete the morning section of the Sleep Diary every morning <u>after you wake up</u>. This section asks what time you tried/intended to go to sleep the previous night, and what time you got up to start the day that morning.

#### **BEDTIME DIARY**

Please complete the bedtime section of the Sleep Diary every night <u>before bed</u>. This section asks you about times that you dozed off or napped, and times that you removed the actigraph each day.

**NOTE:** In the evening, if you fall asleep before getting into bed (for example, on the couch), please record the time spent asleep out of bed as a "nap" in the diary. If you later move to your bed, please record the time you did so as the time you tried/ intended to sleep. You should also press the button at this time.

Please complete the last section of the Sleep Diary and then remove the actigraph on:

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

Please return the actigraph and Sleep Diary in the mailing materials provided.

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 DAY 1 Please complete on: Please complete on: Fill out before bed. **BEDTIME DIARY MORNING DIARY** Fill out in the morning. Did you doze off or take any naps today (circle 1. Last night, at what time did you get into bed? one)? NO / YES. Please record nap times: \_\_\_\_: \_\_\_\_ AM / PM 2. Last night, at what time did you try/intend to : AM / PM Nap 1 Start: go to sleep? \_\_\_\_: \_\_\_\_ AM / PM : AM / PM Nap 1 End: 3. What time did you get up to start the day? By \_\_\_\_: \_\_\_\_ AM / PM Nap 2 Start: "start the day," we mean you were no longer trying to sleep. \_\_\_\_: \_\_\_\_ AM / PM Nap 2 End: :\_\_\_\_\_ AM / PM : AM / PM Nap 3 Start: **BEDTIME DIARY** *Fill out before bed.* Did you doze off or take any naps today (circle Nap 3 End: : AM / PM one)? NO / YES. Please record nap times: 5. Did you remove the actigraph today? Nap 1 Start: \_\_\_\_\_: \_\_\_\_ AM / PM NO / YES Nap 1 End: \_\_\_\_: \_\_\_\_ AM / PM *If yes, please record removal times:* Time removed (1) : \_\_\_\_\_ : \_\_\_\_ AM / PM : AM / PM Nap 2 Start: Time put on (1): \_\_\_\_\_: \_\_\_\_ AM / PM Nap 2 End: \_\_\_\_: \_\_\_ AM / PM Time removed (2) : \_\_\_\_\_ : \_\_\_\_ AM / PM Nap 3 Start: \_\_\_\_: \_\_\_ AM / PM Time put on (2): \_\_\_\_\_: \_\_\_\_ AM / PM Nap 3 End: : AM / PM Reason for removal: 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:

Pt ID

DAY 2 Plasse complet

Please complete on: 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? 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. 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 Nap 1 Start: Nap 1 End: \_\_\_\_: \_\_\_\_ AM / PM Nap 1 End: \_\_\_\_\_: \_\_\_\_ AM / PM Nap 2 Start: Nap 2 Start: \_\_\_\_: \_\_\_\_: \_\_\_\_ AM / PM Nap 2 End: Nap 2 End: \_\_\_\_: \_\_\_\_: \_\_\_\_ AM / PM Nap 3 Start: Nap 3 Start: : AM / PM Nap 3 End: Nap 3 End: 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 3 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 : AM / PM 3. What time did you get up to start the day? By "start the day," we mean you were no longer \_\_\_\_: \_\_\_\_ 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: : AM / PM \_\_\_\_: \_\_\_\_: \_\_\_\_ AM / PM \_\_\_\_: \_\_\_\_ AM / PM \_\_\_\_: \_\_\_\_ AM / PM \_\_\_\_: \_\_\_\_: \_\_\_\_ AM / PM : 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:

NO / YES

Fill out in the morning.

Fill out before bed.

DAY 4

DAY 5 Please complete on: Please complete on: MORNING DIARY Fill out in the morning. MORNING DIARY 1. Last night, at what time did you get into bed? 1. Last night, at what time did you get into bed? \_\_\_\_: \_\_\_\_ AM / PM \_\_\_\_\_: \_\_\_\_ AM / PM 2. Last night, at what time did you try/intend to 2. Last night, at what time did you try/intend to go to sleep? go to sleep? : AM / PM : AM / PM 3. What time did you get up to start the day? By 3. What time did you get up to start the day? By "start the day," we mean you were no longer "start the day," we mean you were no longer trying to sleep. trying to sleep. \_\_\_\_: \_\_\_\_ AM / PM \_\_\_\_: \_\_\_ AM / PM **BEDTIME DIARY** Fill out before bed. **BEDTIME DIARY** Did you doze off or take any naps today (circle Did you doze off or take any naps today (circle one)? NO / YES. Please record nap times: one)? NO / YES. Please record nap times: Nap 1 Start: : AM / PM Nap 1 Start: : AM / PM \_\_\_\_: \_\_\_\_: \_\_\_\_ AM / PM Nap 1 End: \_\_\_\_: \_\_\_\_ AM / PM Nap 1 End: \_\_\_\_\_: \_\_\_\_ AM / PM \_\_\_\_: \_\_\_\_ AM / PM Nap 2 Start: Nap 2 Start: \_\_\_\_: \_\_\_\_: \_\_\_\_ AM / PM Nap 2 End: Nap 2 End: \_\_\_\_: \_\_\_\_ AM / PM \_\_\_\_: \_\_\_\_: \_\_\_\_ AM / PM \_\_\_\_: \_\_\_\_: \_\_\_\_ AM / PM Nap 3 Start: Nap 3 Start: : AM / PM Nap 3 End: Nap 3 End: : AM / PM 5. Did you remove the actigraph today? 5. Did you remove the actigraph today? NO / YES *If yes, please record removal times: If yes, please record removal times:* Time removed (1) : \_\_\_\_\_ : \_\_\_\_ AM / PM Time removed (1) : \_\_\_\_\_ : \_\_\_\_ AM / PM Time put on (1): \_\_\_\_\_: \_\_\_\_ AM / PM Time put on (1): \_\_\_\_\_: \_\_\_\_ AM / PM Time removed (2) : \_\_\_\_\_ : \_\_\_\_ AM / PM Time removed (2) : \_\_\_\_\_ : \_\_\_\_ AM / PM Time put on (2) : \_\_\_\_\_ : \_\_\_\_ AM / PM Time put on (2) : \_\_\_\_\_ : \_\_\_\_ AM / PM Reason for removal: Reason for removal:

DAY 6

DAY 7 Please complete on: Please complete on: **MORNING DIARY** Fill out in the morning. **MORNING DIARY** *Fill out in the morning.* 1. Last night, at what time did you get into bed? 1. Last night, at what time did you get into bed? \_\_\_\_: \_\_\_\_ AM / PM \_\_\_\_\_: \_\_\_\_ AM / PM 2. Last night, at what time did you try/intend to 2. Last night, at what time did you try/intend to go to sleep? go to sleep? : AM / PM : AM / PM 3. What time did you get up to start the day? By 3. What time did you get up to start the day? By "start the day," we mean you were no longer "start the day," we mean you were no longer trying to sleep. trying to sleep. \_\_\_\_: \_\_\_\_ AM / PM \_\_\_\_: \_\_\_\_ AM / PM **BEDTIME DIARY** Fill out before bed. **REMOVING THE ACTIGRAPH** Did you doze off or take any naps today (circle Time removed: \_\_\_\_\_: \_\_\_\_ AM / PM one)? NO / YES. Please record nap times: 1. While you were wearing the actigraph, were there any nights that you were not in your : AM / PM Nap 1 Start: normal sleep environment (e.g., away from home)? Nap 1 End: \_\_\_\_: \_\_\_\_ AM / PM NO / YES \_\_\_\_\_: \_\_\_\_ AM / PM Nap 2 Start: Which nights? \_\_\_\_: \_\_\_\_: \_\_\_\_ AM / PM Nap 2 End: 2. Were there any events (e.g., emergencies, holidays, shift work) that disrupted your usual \_\_\_\_: \_\_\_ AM / PM Nap 3 Start: sleep habits while wearing the watch? NO / YES : AM / PM Nap 3 End: Which nights?\_\_\_\_\_ 5. Did you remove the actigraph today? NO / YES 3. Did you travel between time zones at any time *If yes, please record removal times:* while wearing the actigraph? Time removed (1) : \_\_\_\_\_ : \_\_\_\_ AM / PM NO / YES a. From where (city/town, state) did you travel? Time put on (1): \_\_\_\_\_: \_\_\_\_ AM / PM Time removed (2) : \_\_\_\_\_ : \_\_\_\_ AM / PM b. Date and local time of departure: Time put on (2): \_\_\_\_\_: \_\_\_\_ AM / PM AM / PM Reason for removal: c. To where (city/town, state) did you travel? d. Date and local time of departure: \_\_\_\_\_ AM / PM

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