Sleep Log Instructions: (1) Complete the log every day. (2) Record the date and time you went to bed to sleep ("lights out") and the time you got up to start your day as displayed on your sleep watch in military time. If you do not wear a sleep watch, please use your own clock or watch.

| Day | Date | Time you got up for the day | Time you tried to go to sleep ('light's out') | Please note and describe any of the following: <br> - Unusual bed time (in or out) <br> - Not a typical day |
| :---: | :---: | :---: | :---: | :---: |
| Day 1 (day you put on the device) | $\overline{M M} / \overline{D D} / \overline{Y Y Y Y}$ | n/a | $\overline{\text { Hour }}: \overline{\text { Min }}$ | What time did you put on the devices today? $\qquad$ : $\qquad$ <br> Hour <br> Min |
| Day 2 | $\overline{M M} / \overline{D D} / \overline{Y Y Y Y}$ | $\overline{\text { Hour }}: \overline{\text { Min }}$ | Hour : $\quad \overline{\text { Min }}$ |  |
| Day 3 | $\overline{\mathrm{MM}} / \overline{\mathrm{DD}} / \overline{\mathrm{YYYY}}$ | $\overline{\text { Hour }}: \overline{\text { Min }}$ | $\overline{\text { Hour }}: \overline{\text { Min }}$ |  |
| Day 4 | $\overline{M M} / \overline{D D} / \overline{Y Y Y Y}$ | $\overline{\text { Hour }}: \overline{\text { Min }}$ | $\overline{\text { Hour }}: \overline{\text { Min }}$ |  |
| Day 5 | $\overline{\mathrm{MM}} / \overline{\mathrm{DD}} / \overline{\mathrm{YYYY}}$ | $\overline{\text { Hour }} \overline{\text { Min }}$ | Hour $\quad \overline{\text { Min }}$ |  |
| Day 6 | $\overline{\mathrm{MM}} / \overline{\mathrm{DD}} / \overline{\mathrm{YYYY}}$ | $\overline{\text { Hour }}: \overline{\text { Min }}$ | Hour :- Min |  |
| Day 7 | $\overline{M M} / \overline{D D} / \overline{Y Y Y Y}$ | $\overline{\text { Hour }}: \overline{\text { Min }}$ | $\overline{\text { Hour }}: \overline{\text { Min }}$ |  |
| Last Day | $\overline{M M} / \overline{D D} / \overline{Y Y Y Y}$ | Hour $: \overline{\text { Min }}$ | n/a | What time did you take off the devices? $\qquad$ : $\qquad$ <br> Hour Min |

Did you experience any of the following while wearing the device(s)?:

| 1. Skin irritation: $\square$ <br> a. If Yes, with which device(s)? activPAL Actiwatch |  |  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

Please return the activPAL and sleep watch and the tracking log in the pre-stamped envelope.

Here is a table to help you record your times in military times:

| Regular time | Military time |
| :---: | :---: |
| $1: 00 \mathrm{am}$ | $1: 00$ |
| $2: 00 \mathrm{am}$ | $2: 00$ |
| $3: 00 \mathrm{am}$ | $3: 00$ |
| $4: 00 \mathrm{am}$ | $4: 00$ |
| $5: 00 \mathrm{am}$ | $5: 00$ |
| $6: 00 \mathrm{am}$ | $6: 00$ |
| $7: 00 \mathrm{am}$ | $7: 00$ |
| $8: 00 \mathrm{am}$ | $8: 00$ |
| $9: 00 \mathrm{am}$ | $9: 00$ |
| $10: 00 \mathrm{am}$ | $10: 00$ |
| $11: 00 \mathrm{am}$ | $11: 00$ |
| $12: 00 \mathrm{pm}(\mathrm{noon})$ | $12: 00$ |
| $1: 00 \mathrm{pm}$ | $13: 00$ |
| $2: 00 \mathrm{pm}$ | $14: 00$ |
| $3: 00 \mathrm{pm}$ | $15: 00$ |
| $4: 00 \mathrm{pm}$ | $16: 00$ |
| $5: 00 \mathrm{pm}$ | $17: 00$ |
| $6: 00 \mathrm{pm}$ | $18: 00$ |
| $7: 00 \mathrm{pm}$ | $19: 00$ |
| $8: 00 \mathrm{pm}$ | $20: 00$ |
| $9: 00 \mathrm{pm}$ | $21: 00$ |
| $10: 00 \mathrm{pm}$ | $22: 00$ |
| $11: 00 \mathrm{pm}$ | $23: 00$ |
| $12: 00 \mathrm{am}$ | $00: 00$ |
| $(\mathrm{midnight})$ |  |

