**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 <u>as displayed on your sleep</u> 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: • Unusual bed time (in or out) • Not a typical day
Day 1 (day you put on the device)	// MM DD YYYY	n/a	: Hour Min	What time did you put on the devices today? : Hour Min
Day 2	// MM DD YYYY	: Hour Min	: Hour Min	
Day 3	// MM DD YYYY	: Hour Min	: Hour Min	
Day 4	// MM DD YYYY	: Hour Min	: Hour Min	
Day 5	// MM DD YYYY	: Hour Min	: Hour Min	
Day 6	// MM DD YYYY	: Hour Min	: Hour Min	
Day 7	// MM DD YYYY	: Hour Min	: Hour Min	
Last Day	// MM DD YYYY	: Hour Min	n/a	What time did you take off the devices? : Hour Min
Did you experience any of the following while wearing the device(s)?:				
1. Skin irritation: □ Yes □ No 2. Swelling: □ Yes □ No				
a. If <u>Yes,</u> with which device(s)?			b. If <u>Yes,</u> with whic □ activPAL	ch device(s)?
3. Other <u>problem</u> (Please describe):				

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 am	1:00		
2:00 am	2:00		
3:00 am	3:00		
4:00 am	4:00		
5:00 am	5:00		
6:00 am	6:00		
7:00 am	7:00		
8:00 am	8:00		
9:00 am	9:00		
10:00 am	10:00		
11:00 am	11:00		
12:00 pm (noon)	12:00		
1:00 pm	13:00		
2:00 pm	14:00		
3:00 pm	15:00		
4:00 pm	16:00		
5:00 pm	17:00		
6:00 pm	18:00		
7:00 pm	19:00		
8:00 pm	20:00		
9:00 pm	21:00		
10:00 pm	22:00		
11:00 pm	23:00		
12:00 am (midnight)	00:00		