PARTICIPANT SLEEP DIARY

ID NUMBER: ☐☐☐☐☐☐☐ FORM CODE: P S D DATE: 9/2/2025 Version 2.0

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: ☐