



DAILY ACTIVITY STUDY OF HEALTH

Sleep and Device Wear Log

(FOR STAFF USE ONLY)

Subject ID: _____

Date: _____

Staff: _____

Time Points:

BASE 6th Week 12th Week

Date	Device off	Reason	Did you nap today? If so, what time did you nap?	Time in bed to sleep	Approximately how long did it take you to fall asleep?	Time woke up in morning?	Comments (include any circumstances that might affect sleep pattern such as number of nighttime awakenings, if difficulty falling back to sleep after nighttime awakening, illness, travel across time zones, novel sleeping environment)
Example	9:17-9:53am	Shower	2:30-3:30pm	10:24pm	30 min	7:00am	9:17-9:53am Woke up around 4am; took 20 minutes to fall back asleep
DAY 1							
DAY 2							
DAY 3							
DAY 4							
DAY 5							
DAY 6							
DAY 7							