

SLEEP-WAKE DIARY

MARKING INSTRUCTIONS	
CORRECT MARK	INCORRECT MARK
<input checked="" type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
ID NUMBER _____	
DO NOT MARK HERE	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9
	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9
	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9
	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9
	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9

STARTING DATE			
MON	DAY	YEAR	
JAN	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FEB	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MAR	<input type="radio"/>	0	0
APR	<input type="radio"/>	1	1
MAY	<input type="radio"/>	2	2
JUN	<input type="radio"/>	3	3
JUL	<input type="radio"/>	4	4
AUG	<input type="radio"/>	5	5
SEP	<input type="radio"/>	6	6
OCT	<input type="radio"/>	7	7
NOV	<input type="radio"/>	8	8
DEC	<input type="radio"/>	9	9

BIRTH DATE			
MON	DAY	YEAR	
JAN	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FEB	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MAR	<input type="radio"/>	0	0
APR	<input type="radio"/>	1	1
MAY	<input type="radio"/>	2	2
JUN	<input type="radio"/>	3	3
JUL	<input type="radio"/>	4	4
AUG	<input type="radio"/>	5	5
SEP	<input type="radio"/>	6	6
OCT	<input type="radio"/>	7	7
NOV	<input type="radio"/>	8	8
DEC	<input type="radio"/>	9	9

AGE	
<input type="radio"/>	<input type="radio"/>
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

SEX	
<input type="radio"/> MALE	<input type="radio"/> FEMALE
Do you use tobacco?	
<input type="radio"/> YES	<input type="radio"/> NO

WEEK		DO NOT MARK HERE
DO	NOT	
<input type="radio"/>	<input type="radio"/>	0
0	0	1
1	1	2
2	2	3
3	3	4
4	4	5
5	5	6
6	6	7
7	7	8
8	8	9
9	9	9

INSTRUCTIONS: This booklet has seven pages of sleep diaries, one day per page. As soon as possible after you wake up, mark your responses in the Wake-Up Diary (top half of the page). Just before you go to bed, mark your answers in the Bedtime Diary (bottom half of the page). **DO NOT PUT IT OFF**, since that may reduce the accuracy of your responses. Accuracy is very important to our research. When in doubt, please leave a blank space and do not make up responses. Darken the bubbles as completely as possible using soft pencil (#2) or a black pen. Avoid stray marks, crumpling, or tearing the diaries; treat the diaries gently so they remain useable.

Keep the diary booklet next to your bed and have a clock or watch in your bedroom so that you are aware of the time you go to bed and the time you wake up. Your best estimates of times are sufficient. Marking your responses is straightforward for most questions; however a few call for further explanation. Please read the examples below carefully.

Time of Day: Mark both HOURS and MINUTES. If your response is an exact hour (e.g., 7:00), mark 7 HOURS and 0 MINUTES. Round to the nearest number (6:58 and 7:02 should both be marked the same as 7:00). Remember to mark the AM or PM box. **(Note: Midnight is recorded as 12:00 AM; Noon is recorded as 12:00 PM)**

Example: 12:17 am HOUR 1 2 3 4 5 6 7 8 9 10 11 AM

MINUTES 0 5 10 15 20 25 30 35 40 45 50 55 PM

Length of Time: Record both HOURS and MINUTES. If your response is under 60 minutes, mark 0 HOURS and fill in the number of MINUTES. If your response is an exact hour, mark the HOUR **and** mark 0 MINUTES.

Example: 27 minutes HOURS 0 1 2 3 4 5 6 7 8 9 10 11 12

MINUTES 0 5 10 15 20 25 30 35 40 45 50 55 ⊕ More than 13 hours

Light Exposure: You are exposed to daylight when you are out of doors with your eyes open between sunrise and sunset.

Number of Times Something Occurred: Record every occurrence within the bubble indicating the hour in which it occurred. For example, question number 13 on the Bedtime Diary asks how often you had vigorous physical activity. If your answer is that you had vigorous physical activity such as exercise class at 10:00 am and a half hour of jogging from 2:45 to 3:15 pm, you should mark the bubbles as follows:

NOON 12 1 2 3 4 5 6 7 8 9 10 11 (pm) NONE

MIDNIGHT 12 1 2 3 4 5 6 7 8 9 10 11 (am)

Comments: Use the Comments section of the Wake-Up Diary to note any unusual events that may have affected your sleep, for example, a late night party, a stressful event such as a midterm, a nightmare that woke you up, etc. If for some reason you did not sleep at all at night, indicate it in the Comments section and leave the rest of the morning questions unmarked.

Use the Comments section of the Bedtime Diary to note unusual aspects of your day that may have affected your alertness level, for example, sickness, medication, or boredom.

Actigraph Wearers Only: Use the Comments boxes to note all times you were not wearing the actigraph (e.g., during a shower).

Please answer the following question after you complete the diary for the week:

Was this week typical of your sleep patterns? Yes No If no, please specify _____