



Exam 7
Participant Diary

Participant ID #:
Acrostic:

Please complete this form daily for every day that you wear a home monitor. The questions on the first page should be answered in the morning. The second page should be completed at night. Be sure to put your hip monitor on when you wake up.

Date: / /
Month Day Year

What time did you get into bed yesterday?

: AM
 PM

How long did it take you to fall asleep?

hours minutes

How many times did you wake up (not counting your final awakening)?

times

What time was your final awakening? Record the last time you woke up in the morning.

: AM
 PM

What time did you get out of bed for the day?

: AM
 PM

Last night your sleep was:

- Very poor
- Poor
- Fair
- Good
- Very good

Do you remember dreaming last night?

- Yes
- No

Did you wear your red hip monitor for the entire day today?

- Yes
- No

If no, why?



Please continue with questions on page 2

