<b>Exam 7</b> Participant Diary	Participant ID #:
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: $\square / \square / \square / $ Month Day Year What time did you get into bed yesterday? $\square : \square \bigcirc AM \\ \bigcirc PM$	What time did you get out of bed for the day? What time did you get out of bed for the day? AM O PM Last night your sleep was: O Very poor O Poor
How long did it take you to fall asleep?	<ul> <li>Fair</li> <li>Good</li> <li>Very good</li> </ul>
How many times did you wake up (not counting your final awakening)? The times What time was your final awakening? Record the last time you woke up in the morning.	Do you remember dreaming last night? O Yes O No Did you wear your red hip monitor for the entire day today? O Yes O No If no, why?
□ : □ ○ AM ○ PM	Please continue with questions on page 2

<b>Exam 7</b> Participant Diary	Participant ID #:	
Complete these questions at night before you go to bed:		
Did you exercise today?	What time did you eat today?	
$\bigcirc$ Yes $\bigcirc$ No		
If yes, what time(s) did you exercise today?	Breakfast: E CAM OPM	
Time 1: CAM OPM	Lunch: CAM OPM	
Time 2:	Dinner: C OAM OPM	
Time 3:	Snack 1: $\square : \square \cap AM \cap PM$	
Did you take a nap today?		
⊖ Yes ⊖ No	Snack 2: $\square$ : $\bigcirc$ AM $\bigcirc$ PM	
Nap 1:	Snack 3: $\square$ : $\bigcirc$ AM $\bigcirc$ PM	
Start time End time	Snack 4: C C AM OPM	
	Answer this question if you wore the	
Nap 2: : PM		
Start time End time	If you take blood pressure medication, at what	
Nap 3:		
Start time End time		
$\square : \square \cap AM \cap PM : \square \cap AM \cap PM$		
	Time 3:	
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