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:


What time did you get into bed yesterday?


O AM
$\bigcirc P M$

How long did it take you to fall asleep?
$\square$ hours $\square$ minutes

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

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


What time did you get out of bed for the day?
$\square$ : $\square$ O AM
○ PM

Last night your sleep was:Very poorPoorFairGood
○ Very good
Do you remember dreaming last night?
$\bigcirc$ Yes
$\bigcirc$ No

Did you wear your red hip monitor for the entire day today?$\bigcirc \mathrm{No}$
If no, why?

Please continue with questions on page 2

Complete these questions at night before you go to bed:
Did you exercise today?
O Yes
O No

If yes, what time(s) did you exercise today?
Time 1: $\quad \square: \square \square$ OAM OPM
Time 2: $\quad \square: \square \square$ OAM OPM
Time 3: $\quad \square: \square \square$ OAM OPM
Did you take a nap today?


What time did you eat today?


Answer this question if you wore the blood pressure monitor in the past day or night:

If you take blood pressure medication, at what time(s) did you take it today?

Time 1

$\square$ OAM

OPM
Time 2: $\square$
$\square$ OAM

OPM
Time 3: $\square$
$\square$

