Bed Log

Participant ID: _____

Please fill out the bed log every day with **the date and time you get out of bed to start your daily routine** and **the date and time you get in bed after you finish your daily routine** with the intention of sleeping. Please circle whether the time was in the morning (AM) or afternoon/evening (PM). If you forget to write the time down immediately, please go back and write your best estimate before returning the log.
Please remember to return all devices, chargers, and logs that you were given at the start of the study.

	Day 1	**Day 2**	**Day 3**	**Day 4**	**Day 5**	**Day 6**	**Day 7**	**Day 8**
Got out of bed for the day	This is the day you start wearing the device(s).	__/__/__ Time: AM / PM	__/__/__ Time: AM / PM	__/__/__ Time: AM / PM	__/__/__ Time: AM / PM	__/__/__ Time: AM / PM	__/__/__ Time: AM / PM	__/__/__ Time: AM / PM
Got in bed	__/__/__ Time: AM / PM	__/__/__ Time: AM / PM	__/__/__ Time: AM / PM	__/__/__ Time: AM / PM	__/__/__ Time: AM / PM	__/__/__ Time: AM / PM	__/__/__ Time: AM / PM	__/__/__ Time: AM / PM

Please return devices and logs on: _____/_____/_____

Sleep Log <u>Example</u> for Two Days

This is an example of how to fill out the sleep log.

	Day 1	Day 2
Got out of bed for the day	This is the day you start wearing the device(s).	<u>1/24/2019</u> Time: 7:27 (AM)/ PM
Got in bed	<u>1/24/2019</u> Time: 12:11 (AM)/ PM	<u>1/24/2019</u> Time: 11:32 AM /(PM)