



Actigraphy Checklist

Office Use Only-- MrOS ID#					Acrostic			Staff ID#				



① Did the participant receive an actigraph? Yes No

VSACTIG
VSACTRSN

ACSERNUM

Watch Serial Number

ACACTARM

What arm was watch worn on?
(should be non-dominant when possible)

- 1 Left, non-dominant
- 2 Left, dominant
- 3 Right, non-dominant
- 4 Right, dominant

Why not?

- 7 Refused
- 1 Cognitive Impairment
- 2 Physical/Medical Problem
- 3 No watch available/Schedule problem
- 4 Other _____

② Date watch given to participant

/ /

Month Day Year

③ Date watch returned to clinic

/ /

Month Day Year

④ How many nights were watch data collected?
(record number of nights in .ami file)

nights →

If less than 3 nights, will participant rewear the watch? Yes No

⑤ Was the sleep diary completed?

Yes No →

ACDIARY

Why not? Refused
 Unable

ACDIARYN

Was the diary completed accurately for all days and all sections? Yes No

ACDIARYA

Please indicate which sections were not accurately completed for ALL days (mark all that apply):

- 1 Napping Information
- 1 Removal times information
- 1 Still times information
- 1 Bed time and wake time information

ACSTILAC

ACBEDAC

Draft

