



# Actigraphy

Office Use Only											
SOF ID#				Acrostic				Staff ID#			
[ ][ ][ ][ ]				[ ][ ][ ][ ]				[ ][ ][ ][ ]			

① Watch serial number: [ ][ ][ ] **V8WID**

② Date watch given to participant: [ ][ ] / [ ][ ] / [ ][ ][ ][ ]  
Month Day Year

③ Date watch picked up from participant: [ ][ ] / [ ][ ] / [ ][ ][ ][ ]  
Month Day Year

④ How many days did the participant wear the watch? [ ] days

⑤ Was the sleep diary accurately completed?  Yes  No **V8SDIARY**

Explain: \_\_\_\_\_  
\_\_\_\_\_

⑥ Did the participant feel the time spent wearing the sleep watch represented a normal pattern of sleep and activity?  Yes  No **V8NORACT**

⑦ Did the participant have polysomnography measurements completed?  Yes  No

**V8ACTIG**

**V8ACTRSN**

