



Draft

Actigraphy

Office Use Only											
SOF ID#				Acrostic				Staff ID#			
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① Watch serial number:

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

↓

Explain: _____

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

⑦ Did the participant have polysomnography measurements completed? Yes No **V8PSGPI**

V8PSGST

V8PSGRSN



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