



## INSTRUCTIONS

This booklet will take you through how to use the watch, from the day you receive the watch (page 4) to returning the watch and booklet using the pre-paid mailing box (back page). Make sure to place this booklet either by your bed, on the fridge or somewhere you will be able to remember to record your sleep activity each day. This information is essential for understanding your sleep patterns. Before proceeding to this, we would like you to answer each of the questions on page 3.

In answering the questions in the booklet, please be as honest and accurate as possible. Some questions will ask you to choose from a list of options. Choose the response that most closely matches your answer, and put a check mark ✓ or ✗ in the box provided on the left. Other questions will not include a list of choices and you should enter your response in the space provided.

### Materials in this package:

- 1) Activity and Sleep Booklet
- 2) Watch
- 3) Priority Mail cardboard box
- 4) Plastic bubble bag
- 5) Activity and Sleep FAQ

If you have any questions or are missing any materials, please contact NSHAP toll-free at 1-877-394-1975.

The following questions relate to your sleep and daily activity.

**1. How often do you have trouble falling asleep?**

- 1 Most of the time
- 2 Sometimes
- 3 Rarely or never

**2. How often do you have trouble with waking up during the night?**

- 1 Most of the time
- 2 Sometimes
- 3 Rarely or never

**3. How often do you have trouble with waking up too early and not being able to fall asleep again?**

- 1 Most of the time
- 2 Sometimes
- 3 Rarely or never

**4. How many hours do you usually sleep at night?**

Write number of hours: \_\_\_\_\_

**5. We would like to know the type and amount of physical activity involved in your daily life. How often do you take part in sports or activities that are vigorous, such as running or jogging, swimming, cycling, aerobics or gym workout, tennis, or digging with a spade or shovel?**

- 1 More than once a week
- 2 Once a week
- 3 One to three times a month
- 4 Hardly ever or never

**6. How often do you take part in sports or activities that are moderately energetic, such as gardening, cleaning the car, walking at a moderate pace, dancing, or floor or stretching exercises?**

- 1 More than once a week
- 2 Once a week
- 3 One to three times a month
- 4 Hardly ever or never

**7. How often do you take part in sports or activities that are mildly energetic, such as vacuuming, laundry, or home repairs?**

- 1 More than once a week
- 2 Once a week
- 3 One to three times a month
- 4 Hardly ever or never



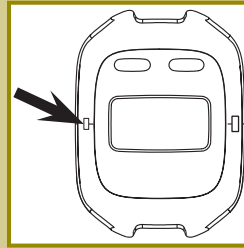
# Day 2

12. Record today's date

MM  / DD  / YYYY

## Instruction

When you wake up, press and hold down the button on the left side of the watch for at least four seconds.



13. What time did you wake up?

:   AM (before noon)  
HH MM  PM (after noon)

14. What is the total amount of time that you spent napping during the day?

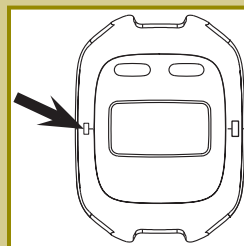
- No naps (0 minutes)
- Less than 15 minutes
- 15 minutes to 1 hour
- More than 1 hour

15. When you went to bed, what time did you start trying to fall asleep?

:   PM (before midnight)  
HH MM  AM (after midnight)

## Instruction

When you start trying to fall asleep, press and hold down the button on the left side of the watch for at least four seconds.



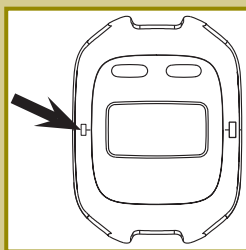
# Day 3

16. Record today's date

MM  / DD  / YYYY

## Instruction

When you wake up, press and hold down the button on the left side of the watch for at least four seconds.



17. What time did you wake up?

:   AM (before noon)  
HH MM  PM (after noon)

18. What is the total amount of time that you spent napping during the day?

- No naps (0 minutes)
- Less than 15 minutes
- 15 minutes to 1 hour
- More than 1 hour

19. When you went to bed, what time did you start trying to fall asleep?

:   PM (before midnight)  
HH MM  AM (after midnight)

## Instruction

When you start trying to fall asleep, press and hold down the button on the left side of the watch for at least four seconds.

