Subject ID:	

A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2127-XXXX. Public reporting for this collection of information is estimated to be approximately 45 minutes per response, including the time for reviewing instructions, completing and reviewing the collection of information. All responses to this collection of information are voluntary. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, National Highway Traffic Safety Administration, 1200 New Jersey Ave, S.E., Washington, DC, 20590

NHTSA Form 1224 Page 1

ACTIVITY LOG INSTRUCTIONS TO PARTICIPANT

You will use this log to document your activity in the days preceding your study visits. You are asked to record the following types of information:

- About your sleep
- About your food and beverage consumption
- About your activities throughout the day

<u>Asleep column</u>: place an X in the time slots for when were asleep. To do this, place an X in the log at the time you lay down to sleep. When you awake, place another X.

<u>Activity column</u>: provide brief comments about what you were doing during that time frame. For example if you went to the gym, write gym. Also record if you wake up during the night and for how long you are awake. You should complete this column when you complete the activity.

<u>Food/beverage column</u>: Provide brief comments about what food and beverages you consumed throughout the day. Please make special note of anything that you eat or drink that contains caffeine or alcohol. You should complete this column when you complete the meal/snack.

Items with caffeine include: coffee, soda, tea, energy drinks, energy bars, vitamin water, food containing chocolate, candy

Alcohol items include: beer, wine, liquor/spirits

Pages 2-3 provide you with an example of how to complete your log.

Be specific, but try to keep your answers as brief as possible. If you have questions about completing your activity log, please contact **Dawn Marshall at (319) 335-4774.**

REMEMBER:

Refrain from consuming any alcohol 24 hours prior to ALL your driving sessions

After 12:00 pm on the day of your overnight visit, restrict beverage intake to water. This does not include Vitamin Water which contains caffeine.

Refrain from taking naps on the day of your overnight visit.

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OMB Control No. 2127-XXXX Expiration Date XX/XX/XXXX

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Activity Log Example:

DATE: 02/25/2013

Activity Log	Lxample.		DATE. 02/23/2013	
Time		Asleep	Activity	Food/Beverage
12:00-12:15	AM	X		
12:15-12:30	AM	X		
12:30-12:45	AM	X		
12:45-1:00	AM	X		
1:00-1:15	AM	X		
1:15-1:30	AM	X		
1:30-1:45	AM	X		
1:45-2:00	AM	X		
2:00-2:15	AM	X		
2:15-2:30	AM	X		
2:30-2:45	AM	X		
2:45-3:00	AM	X		
3:00-3:15	AM	X		
3:15-3:30	AM	X	Woke up	
3:30-3:45	AM	X	1	
3:45-4:00	AM	X	<u> </u>	
4:00-4:15	AM	X	·	
4:15-4:30	AM	X		
4:30-4:45	AM	X		
4:45-5:00	AM	X		
5:00-5:15	AM	X		
5:15-5:30	AM	X		
5:30-5:45	AM	X	Woke up	
5:45-6:00	AM	X		
6:00-6:15	AM	X		
6:15-6:30	AM	X		
6:30-6:45	AM		Gym	20 oz. PowerAde
6:45-7:00	AM			Energy Bar
7:00-7:15	AM		İ	
7:15-7:30	AM		İ	
7:30-7:45	AM		At work	
7:45-8:00	AM			
8:00-8:15	AM		İ	
8:15-8:30	AM		İ	
8:30-8:45	AM		İ	
8:45-9:00	AM		İ	12 oz. Latte Starbucks
9:00-9:15	AM		İ	
9:15-9:30	AM		İ	
9:30-9:45	AM		İ	
9:45-10:00	AM		İ	
10:00-10:15	AM		i	
10:15-10:30	AM		İ	
10:30-10:45	AM		İ	
10:45-11:00	AM		i	
11:00-11:15	AM		İ	
11:15-11:30	AM		i	
11:30-11:45	AM		i	
11:45-12:00	AM/PM		Lunch	Chocolate cake, turkey sandwich, Chips,
				, J, F-1

Time		Asleep	Activity	Food/Beverage
12:00-12:15	PM			16 oz. Pepsi
12:15-12:30	PM			
12:30-12:45	PM			
12:45-1:00	PM		At Work	
1:00-1:15	PM			
1:15-1:30	PM		İ	
1:30-1:45	PM			
1:45-2:00	PM			
2:00-2:15	PM			
2:15-2:30	PM			
2:30-2:45	PM			Snickers Bar
2:45-3:00	PM			
3:00-3:15	PM			
3:15-3:30	PM			
3:30-3:45	PM			
3:45-4:00	PM			
4:00-4:15	PM			
4:15-4:30	PM			
4:30-4:45	PM		Drinks	2 Red Bull and Vodka
4:45-5:00	PM			
5:00-5:15	PM			
5:15-5:30	PM			
5:30-5:45	PM			
5:45-6:00	PM		Making Dinner @ home	
6:00-6:15	PM			
6:15-6:30	PM			
6:30-6:45	PM		Eating Dinner	1 Glass of wine
6:45-7:00	PM			Lasagna
7:00-7:15	PM		Watching TV	Salad
7:15-7:30	PM			
7:30-7:45	PM			
7:45-8:00	PM			
8:00-8:15	PM			2 scoops Coffee ice cream
8:15-8:30	PM			
8:30-8:45	PM		Reading in Bed	
8:45-9:00	PM			
9:00-9:15	PM			
9:15-9:30	PM	X		
9:30-9:45	PM	X		
9:45-10:00	PM	X		
10:00-10:15	PM	X		
10:15-10:30	PM	X		
10:30-10:45	PM	X		
10:45-11:00	PM	X		
11:00-11:15	PM	X		
11:15-11:30	PM	X		
11:30-11:45	PM	X		
11:45-12:00	PM	X		

Subi	ect ID:

Activity Log DATE: ____

Time		Asleep	Activity	Food/Beverage
12:00-12:15	AM			
12:15-12:30	AM			
12:30-12:45	AM			
12:45-1:00	AM			
1:00-1:15	AM			
1:15-1:30	AM			
1:30-1:45	AM			
1:45-2:00	AM			
2:00-2:15	AM			
2:15-2:30	AM			
2:30-2:45	AM			
2:45-3:00	AM			
3:00-3:15	AM			
3:15-3:30	AM			
3:30-3:45	AM			
3:45-4:00	AM			
4:00-4:15	AM			
4:15-4:30	AM			
4:30-4:45	AM			
4:45-5:00	AM			
5:00-5:15	AM			
5:15-5:30	AM			
5:30-5:45	AM			
5:45-6:00	AM			
6:00-6:15	AM			
6:15-6:30	AM			
6:30-6:45	AM			
6:45-7:00	AM			
7:00-7:15	AM			
7:15-7:30	AM			
7:30-7:45	AM			
7:45-8:00	AM			
8:00-8:15	AM			
8:15-8:30	AM			
8:30-8:45	AM			
8:45-9:00	AM			
9:00-9:15	AM			
9:15-9:30	AM			
9:30-9:45	AM			
9:45-10:00	AM			
10:00-10:15	AM			
10:15-10:30	AM			
10:30-10:45	AM			
10:45-11:00	AM			
11:00-11:15	AM			
11:15-11:30	AM			
11:30-11:45	AM			
11:45-12:00	AM/PM			

Time		Asleep	Activity	Food/Beverage
12:00-12:15	PM	1101000	T Tell VILy	1 oou Deverage
12:15-12:30	PM			
12:30-12:45	PM			
12:45-1:00	PM			
1:00-1:15	PM			
1:15-1:30	PM			
1:30-1:45	PM			
1:45-2:00	PM			
2:00-2:15	PM			
2:15-2:30	PM			
2:30-2:45	PM			
2:45-3:00	PM			
3:00-3:15	PM			
3:15-3:30	PM			
3:30-3:45	PM			
3:45-4:00	PM			
4:00-4:15	PM			
4:15-4:30	PM			
4:30-4:45	PM			
4:45-5:00	PM			
5:00-5:15	PM			
5:15-5:30	PM			
5:30-5:45	PM			
5:45-6:00	PM			
6:00-6:15	PM			
6:15-6:30	PM			
6:30-6:45	PM			
6:45-7:00	PM			
7:00-7:15	PM			
7:15-7:30	PM			
7:30-7:45	PM			
7:45-8:00	PM			
8:00-8:15	PM			
8:15-8:30	PM			
8:30-8:45	PM			
8:45-9:00	PM			
9:00-9:15	PM			
9:15-9:30	PM			
9:30-9:45	PM			
9:45-10:00	PM			
10:00-10:15	PM			
10:15-10:30	PM			
10:30-10:45	PM			
10:45-11:00	PM			
11:00-11:15	PM			
11:15-11:30	PM			
11:30-11:45	PM			
11:45-12:00	PM			