**Form 1466**

**The EMS Sleep Health and Fatigue Education Study Sleep Diary**

Under the Paperwork Reduction Act, a federal agency may not conduct or sponsor, and a person is not required to respond to 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 XXXX-XXXX (expiration date: MM/DD/YYYY). The average amount of time to complete this survey is 3 minutes. All responses to this collection of information are voluntary. If you have comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden send them to Information Collection Clearance Officer, National Highway Traffic Safety Administration, 1200 New Jersey Ave, S.E., Washington, DC, 20590.

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. **Today’s Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_. **Current Time (military time e.g., 2130):**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**I tried to go to sleep at (e.g., 10/5/2017 at 2230):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I actually fell to sleep at (e.g., 2245): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**I got out of bed at (e.g., 10/6/2017 at 0630):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I actually woke up at (e.g., 0605): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**Fill in the boxes below to indicate when you were sleeping**

**Example**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1200 | 1300 | 1400 | 1500 | 1600 | 1700 | 1800 | 1900 | 2000 | 2100 | 2200 | | 2300 | 0000 | 0100 | 0200 | 0300 | 0400 | 0500 | 0600 | | 0700 | 0800 | 0900 | 1000 | 1100 | 1200 |
|  |  |  |  |  |  |  |  |  |  |  |  | | | | | | | | |  |  |  |  |  |  |  |

**Shade in your sleep here**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1200 | 1300 | 1400 | 1500 | 1600 | 1700 | 1800 | 1900 | 2000 | 2100 | 2200 | 2300 | 0000 | 0100 | 0200 | 0300 | 0400 | 0500 | 0600 | 0700 | 0800 | 0900 | 1000 | 1100 | 1200 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**The number of times that my sleep was disturbed or disrupted was (e.g., 2):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**The overall quality of my sleep was (select one):**

|  |  |
| --- | --- |
| Very Good |  |
| Fairly Good |  |
| Fairly Bad |  |
| Very Bad |  |