Data Collection Period #	
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Form Approved OMB No. 0920-xxxx Exp. Date xx/xx/xxxx

SLEEP AND ACTIVITIES DIARY

CDC estimates the average public reporting burden for this collection of information as 5 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-XXXXX).

NE, MS D-74, Atlanta,		· ·	· · · · · · · · · · · · · · · · · · ·	- 1 1	- ' '		
ACTIVITY	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Wake up time:	: am pm	: am pm	: am pm	: am pm	: am pm	: am pm	: am pm
Sleepiness rating							
Fatigue rating							
PVT score							
During sleep period:							
Number of times awake							
Total time spent	hrs	hrs	hrs	hrs	hrs	hrs	hrs
awake (estimate)	min	min	min	min	min	min	min
Cause? (e.g., stress, sick)							
Did you fall back asleep?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
After waking up:							
4 hrs after wakeup	: am pm	: am pm	: am pm	: am pm	: am pm	: am pm	: am pm
Sleepiness rating							
Fatigue rating							
PVT score							
8 hrs after wakeup	: am pm	: am pm	: am pm	: am pm	: am pm	: am pm	: am pm
Sleepiness rating							
Fatigue rating							
PVT score							
12 hrs after wakeup							
Sleepiness rating							
Fatigue rating							
PVT score							
At bedtime:	: am pm	: am pm	: am pm	: am pm	: am pm	: am pm	: am pm
Sleepiness rating							
Fatigue rating							
PVT score							

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Use the following fatigue and sleepiness ratings for your responses.

FATIGUE RATING:

- 1 = extremely alert, wide awake, feeling motivated to work
- 2 = very alert, lively, responsive, but not at peak, very easy to think and function
- 3 = alert, somewhat refreshed, easy to think about what you are doing
- 4 = fairly alert, able to think about what you are doing
- 5 = neither tired nor alert, not feeling refreshed
- 6 = somewhat tired, dragging
- 7 = tired, difficult to think about what you are doing
- 8 = very tired, some exhaustion, very difficult to think or function
- 9 = extremely tired, completely exhausted, cannot function or think clearly

SLEEPINESS RATING:

- 1 = extremely alert
- 2 = very alert
- 3 = alert
- 4 = fairly alert
- 5 = neither sleepy nor alert
- 6 = some signs of sleepiness
- 7 = sleepy, but no effort to stay alert
- 8 = very sleepy, some effort to keep alert
- 9 = extremely sleepy, fighting sleep, great effort to stay alert

Complete the sleep a	nd activities	diary the be	est you can.	We	ek of	/	/ 20
ACTIVITY	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Activities start time	: am pm	: am pm	: am pm	: am pm	: am pm	: am pm	: am pm
Drove taxi/rideshare today?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Shift start time	: am pm	: am pm	: am pm	: am pm	: am pm	: am pm	: am pm
How many miles							,
driven?	miles	miles	miles	miles	miles	miles	miles
How long did you	hrs	hrs	hrs	hrs	hrs	hrs	hrs
drive?	min	min	min	min	min	min	min
How much \$ in fares?	\$	\$	\$	\$	\$	\$	\$
How much \$\$ in tips?	\$	\$	\$	\$	\$	\$	\$
How many trips done?							
Number of breaks							
1.Break time	: am pm	: am pm	: am pm	: am pm	: am pm	: am pm	: am pm
Break length	min	min	min	min	min	min	min
2.Break time	: am pm	: am pm	: am pm	: am pm	: am pm	: am pm	: am pm
Break length	min	min	min	min	min	min	min
3.Break time	: am pm	: am pm	: am pm	: am pm	: am pm	: am pm	: am pm
Break length	min	min	min	min	min	min	min
Number of naps taken							
1.Nap time	: am pm	: am pm	: am pm	: am pm	: am pm	: am pm	: am pm
Nap length	min	min	min	min	min	min	min
2.Nap time	: am pm	: am pm	: am pm	: am pm	: am pm	: am pm	: am pm
Nap length	min	min	min	min	min	min	min
3.Nap time	: am pm	: am pm	: am pm	: am pm	: am pm	: am pm	: am pm
Nap length	min	min	min	min	min	min	min
Shift end time	: am pm	: am pm	: am pm	: am pm	: am pm	: am pm	: am pm
How much caffeinated							
coffee?	cups	cups	cups	cups	cups	cups	cups
Other caffeine							
product?							
(like soda, tea, pills)							
How much alcohol?	drinks	drinks	drinks	drinks	drinks	drinks	drinks
How many tobacco							
products?	Туре:	Туре:	Туре:	Туре:	Туре:	Туре:	Туре:
Medications taken							
during day?							
Medications taken just							
before bedtime?							
General level of work							
activity:							
Mild, mod, high							
2 1d. 7 dd. d. politoliod d.	No	No	No Varada a suita a	No	No Variable suite s	No Varada anilar	No
With 1000 a tradification of	yes, describe:	Yes, describe:	res, describe:	yes, describe	res, describe:	res, describe	res, describe
stressful event today?							

Use the following definition of alcoholic dosages for your responses.

Standard Dosage of Alcoholic Drinks:

1 beer = 12 oz.

1 glass wine = 5 oz.

1 shot of distilled spirits/liquor = 1.5 oz.

[Proceed to the Psychomotor Vigilance Test]

Figure 1. Screenshots. PVT-B performed on the smartphone data collection app.

