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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-XXXX).  |
| ***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 awake (estimate) | \_\_\_\_hrs \_\_\_\_min | \_\_\_\_hrs \_\_\_\_min | \_\_\_\_hrs \_\_\_\_min | \_\_\_\_hrs \_\_\_\_min | \_\_\_\_hrs \_\_\_\_min | \_\_\_\_hrs \_\_\_\_min | \_\_\_\_hrs \_\_\_\_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 | \_\_\_ | \_\_\_ | \_\_\_ | \_\_\_ | \_\_\_ | \_\_\_ | \_\_\_ |

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

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| Complete the sleep and activities diary the best you can. Week 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 drive? | \_\_\_\_hrs \_\_\_\_min | \_\_\_\_hrs \_\_\_\_min  | \_\_\_\_hrs \_\_\_\_min  | \_\_\_\_hrs \_\_\_\_min  | \_\_\_\_hrs \_\_\_\_min  | \_\_\_\_hrs \_\_\_\_min  | \_\_\_\_hrs \_\_\_\_min  |
| How much $ in fares? | $\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_ |
| How much $$ in tips? | $\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_ |
| How many trips done? | \_\_\_\_ | \_\_\_\_ | \_\_\_\_ | \_\_\_\_ | \_\_\_\_ | \_\_\_\_ | \_\_\_\_ |
| Number of breaks  | \_\_\_\_ | \_\_\_\_ | \_\_\_\_ | \_\_\_\_ | \_\_\_\_ | \_\_\_\_ | \_\_\_\_ |
|  1.Break time Break length | \_\_:\_\_ am pm\_\_\_\_ min | \_\_:\_\_ am pm\_\_\_\_ min | \_\_:\_\_ am pm\_\_\_\_ min | \_\_:\_\_ am pm\_\_\_ min | \_\_:\_\_ am pm\_\_\_\_ min | \_\_:\_\_ am pm\_\_\_ min | \_\_:\_\_ am pm\_\_\_ min |
|  2.Break time Break length | \_\_:\_\_ am pm\_\_\_\_ min | \_\_:\_\_ am pm\_\_\_\_ min | \_\_:\_\_ am pm\_\_\_\_ min | \_\_:\_\_ am pm\_\_\_ min | \_\_:\_\_ am pm\_\_\_\_ min | \_\_:\_\_ am pm\_\_\_ min | \_\_:\_\_ am pm\_\_\_ min |
|  3.Break time Break length | \_\_:\_\_ am pm\_\_\_\_ min | \_\_:\_\_ am pm\_\_\_\_ min | \_\_:\_\_ am pm\_\_\_\_ min | \_\_:\_\_ am pm\_\_\_ min | \_\_:\_\_ am pm\_\_\_\_ min | \_\_:\_\_ am pm\_\_\_ min | \_\_:\_\_ am pm\_\_\_ min |
| Number of naps taken | \_\_\_ | \_\_\_ | \_\_\_ | \_\_\_ | \_\_\_ | \_\_\_ | \_\_\_ |
|  1.Nap time Nap length | \_\_:\_\_ am pm\_\_\_\_ min | \_\_:\_\_ am pm\_\_\_\_ min | \_\_:\_\_ am pm\_\_\_\_ min | \_\_:\_\_ am pm\_\_\_ min | \_\_:\_\_ am pm\_\_\_\_ min | \_\_:\_\_ am pm\_\_\_ min | \_\_:\_\_ am pm\_\_\_ min |
|  2.Nap time Nap length | \_\_:\_\_ am pm\_\_\_\_ min | \_\_:\_\_ am pm\_\_\_\_ min | \_\_:\_\_ am pm\_\_\_\_ min | \_\_:\_\_ am pm\_\_\_ min | \_\_:\_\_ am pm\_\_\_\_ min | \_\_:\_\_ am pm\_\_\_ min | \_\_:\_\_ am pm\_\_\_ min |
|  3.Nap time Nap length | \_\_:\_\_ am pm\_\_\_\_ min | \_\_:\_\_ am pm\_\_\_\_ min | \_\_:\_\_ am pm\_\_\_\_ min | \_\_:\_\_ am pm\_\_\_ min | \_\_:\_\_ am pm\_\_\_\_ min | \_\_:\_\_ am pm\_\_\_ min | \_\_:\_\_ am pm\_\_\_ 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? | \_\_\_\_Type: \_\_\_\_\_\_ | \_\_\_\_Type: \_\_\_\_\_\_ | \_\_\_\_Type: \_\_\_\_\_\_ | \_\_\_\_Type: \_\_\_\_\_\_ | \_\_\_\_Type: \_\_\_\_\_\_ | \_\_\_\_Type: \_\_\_\_\_\_ | \_\_\_\_Type: \_\_\_\_\_\_ |
| Medications taken during day? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Medications taken just before bedtime? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| General level of work activity: Mild, mod, high | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ |
| Did you experience or witness a traumatic or stressful event today? | NoYes, describe: | NoYes, describe: | NoYes, describe: | NoYes, describe | NoYes, describe: | NoYes, describe | NoYes, describe |

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.**

