

Data Collection Period # _____

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							

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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

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[illegible]

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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.

