

OBJECTIVE ACT GRAPHY STUDY IN SLEEP



OF CHILDREN WITH INTELLECTUAL
DISABILITY AND THEIR **SIBLINGS**



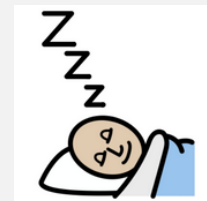
Hello. We are **Stacey** and **Lauren**. We would like



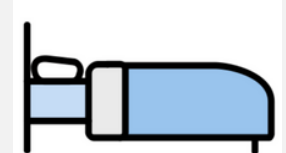
you to wear a **motion watch** for **10 days**.



The **motion watch** can go on your **wrist** or **ankle**



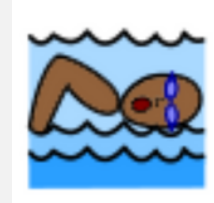
and measures **movement** and **sleep**.



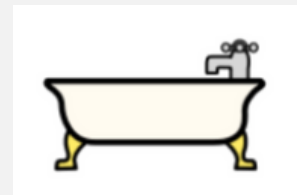
You **can** wear it at **home**, in the **park**, at **school**, in **bed**



You **can** wear it when **playing**, **reading** or **watching TV**.



You **cannot** wear it when you are **swimming**



playing a **sport** or having a **bath** or **shower**.



The **motion watch** should not get **wet**.



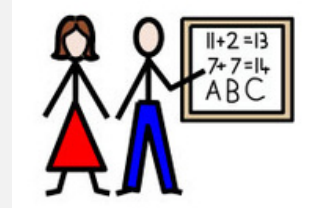
Your **sibling** will also be wearing a **motion watch**



but make sure you **don't swap** the watches.



It is **okay** if you want to **take off** the **motion watch**,



you can **tell** your **parent** or **teacher**.



Your **parent** will be **writing** some information



for **Stacey** and **Lauren** in a **sleep diary**.



Thank you.