

Objective Actigraphy Study In Sleep

What will happen in the study?



We would like you to wear a special watch for **10 days**



The watch measures your movement and sleep

We would like you to wear your watch



Remember

- ➔ It is okay if you want to stop wearing the watch just tell your teacher or parent.
- ➔ Tell your parent or teacher if the watch is too uncomfortable.
- ➔ Ask your parent if you have any questions about the watch.

You can wear the watch on



your **wrist**

or your **ankle**



Please take off your watch when you are having a bath or doing sport



Use the wipes provided to keep the watch clean

Your parent will be helping us by recording information about your sleep. These are the people that your parents will be talking to:



Stacey



Lauren