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| **Questions?**  Contact us:  [chenlabstudy@gmail.com](mailto:chenlabstudy@gmail.com) |  |  | **Sleep Log**  http://i.huffpost.com/gen/2106390/images/o-WAKE-UP-HAPPY-facebook.jpg  Participant ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Procedures for Sleeping Study**  Thank you so much for participating in our study! You should have been given these items:   * Two white cotton t-shirts * Unscented soap * Unscented shampoo * Unscented detergent   We are conducting a scientific experiment on smell. Your part is to wear a sleep watch and sleep with a shirt on your pillow every night. For our results to be accurate there are a number of precautions we need you to take. It is ***vital*** for our experiment that you follow these rules:  http://3.bp.blogspot.com/-E1j05gr_QWo/U1szQCw8YQI/AAAAAAAABN4/z9Dz1sbaoh4/s1600/happy-woman-sleeping-pillow.jpgBetween now and Friday morning, DO NOT:   * Drink alcohol * Drink caffeine (coffee, coke) after 2pm * Smoke * Use drugs   Schedule for the week. Before going to sleep each night complete the night-time checklist. Wear your sleep watch while sleeping and store it in a safe place at all other times. **Please wear the sleep watch on your non-dominant wrist!** Each night please wash with the unscented products we provided and sleep alone.  Today   * Place shirt A and shirt B in your freezer until 2 hours before you go to bed * Before going to bed wash your bed linens * 2 hours before going to bed place shirt A on your pillow * Right as you are going to bed:   + Complete the nighttime checklist   + Put on your sleep watch (even if you are going to read or something before sleep)   + When you begin trying to fall asleep set a marker on your sleep watch by pushing the button on the side!   Tuesday:   * Set a marker when you wake up by pressing the button on the watch * Fill out a sleep quality questionnaire about the previous night * Re-seal shirt A in the Ziploc bag and place it in the freezer * 2 hours before going to bed put **shirt A** back on your pillow * Right as you are going to bed:   + Complete the nighttime checklist   + Put on your sleep watch (even if you are going to read or something before sleep)   + When you begin trying to fall asleep set a marker on your sleep watch by pushing the button on the side! |  |  |  | **Friday Morning**   |  |  | | --- | --- | | Last night, what time did you go to bed? |  | | Last night, how long (in minutes) did it take you to fall asleep? |  | | This morning, what time did you get up? |  | | Last night, how many hours and minutes of actual sleep did you get at night? (This may be different than the number of hours you spent in bed) | \_\_\_\_\_ hours, \_\_\_\_\_minutes | | After falling asleep, how many times did you wake up? (e.g. to use the bathroom, uncomfortable, heard noises, no reason, etc.) | 0 1 2 3 4 5 or more | | Total number of minutes awake after falling asleep: |  | | Last night, how would you rate your sleep quality overall?  **Very Fairly Fairly Very**  **bad bad good good**  **1 2 3 4 5 6 7** | | | How well rested do you feel this morning?  **Very Fairly Fairly Very**  **unrested unrested rested rested**  **1 2 3 4 5 6 7** | | | Did you sleep in the same bed as another person or pet last night?  **If yes,** who? | **Yes No**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

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| **Thursday Night**   |  |  | | --- | --- | | Wash your sheets using the provided laundry detergent. |  | | Place the assigned shirt on your pillow 2 hours before going to bed. |  | | Wash your body and hair using the provided unscented soap and shampoo.  **If not,** what did you do/use? Please describe. | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Did you drink caffeinated beverages after 2pm today? | **Yes No** | | Did you drink alcohol, smoke or use drugs today?  **If yes,** please describe what you drank or used and how much (remember, your response is confidential). | **Yes No**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Does your room have any strong odors (e.g. scented candle) that may influence your sleep?  **If yes,** please describe the odors. | **Yes No**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Please answer the following two questions on a scale from 1-7:  **Very Fairly Fairly Very**  **unstressful unstressful stressful stressful**  **1 2 3 4 5 6 7** | | | How stressful was your day today? |  | | How stress do you expect your day tomorrow will be? |  | |  |  |  |

Wednesday:

* Set a marker when you wake up by pressing the button on the watch
* Fill out a sleep quality questionnaire about the previous night
* Re-seal shirt A in the Ziploc bag and place it in the freezer
* Re-wash all your bed linens with the provided unscented detergent
* 2 hours before going to bed put **shirt B** on your pillow
* Right as you are going to bed:
  + Complete the nighttime checklist
  + Put on your sleep watch (even if you are going to read or something before sleep)
  + When you begin trying to fall asleep set a marker on your sleep watch by pushing the button on the side!

Thursday:

* Set a marker when you wake up by pressing the button on the watch
* Fill out a sleep quality questionnaire about the previous night
* Re-seal shirt B in the Ziploc bag and place it in the freezer
* 2 hours before going to bed put **shirt B** back on your pillow
* Right as you are going to bed:
  + Complete the nighttime checklist
  + Put on your sleep watch (even if you are going to read or something before sleep)
  + When you begin trying to fall asleep set a marker on your sleep watch by pushing the button on the side!

Friday:

* Set a marker when you wake up by pressing the button on the watch
* Fill out a sleep quality questionnaire about the previous night
* Re-seal shirt B in the Ziploc bag and place it in the freezer
* Come see us for appointment number three. Bring both shirts, your 4 completed sleep questionnaires and the sleep watch!

If you have questions, just email us at [chenlabstudy@gmail.com](mailto:chenlabstudy@gmail.com)

Goodbye for now!

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| **Monday Night**   |  |  | | --- | --- | | Wash your sheets using the provided laundry detergent. |  | | Place the assigned shirt on your pillow 2 hours before going to bed. |  | | Wash your body and hair using the provided unscented soap and shampoo.  **If not,** what did you do/use? Please describe. | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Did you drink caffeinated beverages after 2pm today? | **Yes No** | | Did you drink alcohol, smoke or use drugs today?  **If yes,** please describe what you drank or used and how much (remember, your response is confidential). | **Yes No**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Does your room have any strong odors (e.g. scented candle) that may influence your sleep?  **If yes,** please describe the odors. | **Yes No**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Please answer the following two questions on a scale from 1-7:  **Very Fairly Fairly Very**  **unstressful unstressful stressful stressful**  **1 2 3 4 5 6 7** | | | How stressful was your day today? |  | | How stress do you expect your day tomorrow will be? |  | |  |  |  | **Thursday Morning**   |  |  | | --- | --- | | Last night, what time did you go to bed? |  | | Last night, how long (in minutes) did it take you to fall asleep? |  | | This morning, what time did you get up? |  | | Last night, how many hours and minutes of actual sleep did you get at night? (This may be different than the number of hours you spent in bed) | \_\_\_\_\_ hours, \_\_\_\_\_minutes | | After falling asleep, how many times did you wake up? (e.g. to use the bathroom, uncomfortable, heard noises, no reason, etc.) | 0 1 2 3 4 5 or more | | Total number of minutes awake after falling asleep: |  | | Last night, how would you rate your sleep quality overall?  **Very Fairly Fairly Very**  **bad bad good good**  **1 2 3 4 5 6 7** | | | How well rested do you feel this morning?  **Very Fairly Fairly Very**  **unrested unrested rested rested**  **1 2 3 4 5 6 7** | | | Did you sleep in the same bed as another person or pet last night?  **If yes,** who? | **Yes No**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

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| **Wednesday Night**   |  |  | | --- | --- | | Wash your sheets using the provided laundry detergent. |  | | Place the assigned shirt on your pillow 2 hours before going to bed. |  | | Wash your body and hair using the provided unscented soap and shampoo.  **If not,** what did you do/use? Please describe. | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Did you drink caffeinated beverages after 2pm today? | **Yes No** | | Did you drink alcohol, smoke or use drugs today?  **If yes,** please describe what you drank or used and how much (remember, your response is confidential). | **Yes No**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Does your room have any strong odors (e.g. scented candle) that may influence your sleep?  **If yes,** please describe the odors. | **Yes No**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Please answer the following two questions on a scale from 1-7:  **Very Fairly Fairly Very**  **unstressful unstressful stressful stressful**  **1 2 3 4 5 6 7** | | | How stressful was your day today? |  | | How stress do you expect your day tomorrow will be? |  | |  |  |  | **Tuesday Morning**   |  |  | | --- | --- | | Last night, what time did you go to bed? |  | | Last night, how long (in minutes) did it take you to fall asleep? |  | | This morning, what time did you get up? |  | | Last night, how many hours and minutes of actual sleep did you get at night? (This may be different than the number of hours you spent in bed) | \_\_\_\_\_ hours, \_\_\_\_\_minutes | | After falling asleep, how many times did you wake up? (e.g. to use the bathroom, uncomfortable, heard noises, no reason, etc.) | 0 1 2 3 4 5 or more | | Total number of minutes awake after falling asleep: |  | | Last night, how would you rate your sleep quality overall?  **Very Fairly Fairly Very**  **bad bad good good**  **1 2 3 4 5 6 7** | | | How well rested do you feel this morning?  **Very Fairly Fairly Very**  **unrested unrested rested rested**  **1 2 3 4 5 6 7** | | | Did you sleep in the same bed as another person or pet last night?  **If yes,** who? | **Yes No**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

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