Actigraph Instructions

Thank you for agreeing to wear the Actigraph physical activity monitor.

1. Please wear the Actigraph device at all times on your non-dominant wrist for the next **seven days** as shown in the photos below. If you plan to bathe or swim for longer than 30 minutes, you should remove the device during that time and replace it immediately after. If you have questions or concerns about the device, please contact the study clinic.

2. To help us identify the time that you are lying in bed with the intention of sleeping, please complete the Sleep Diary below each day:

Day	Date	Went to Bed	Got out of bed
Example	**August 15, 2025**	**10:35pm**	**8:15am**
1			
2			
3			
4			
5			
6			
7			

Return Instructions

1. Your device should be removed from your wrist no earlier than:

   Date and time: _____

After this date/time, please remove the device and return it in the padded mailer provided to you during your clinic visit.

PLEASE RETURN THIS SHEET WITH YOUR ACTIGRAPH DEVICE.