

ACTIGRAPHY

Care of the Actigraphy Watch

Please ensure the actigraphy watch does not get wet, dropped or damaged in any way.

Please return the actigraphy watch on the day specified so that it may be downloaded and your data prepared for the doctor.

It is vital that you also return your sleep diary at the same time you bring the actigraphy back.



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The Actigraphy Watch

How does it work?

The actigraphy looks like a watch, and it is worn like a watch.

The actigraphy has highly sensitive motion sensors inside it. These monitor your activity and “sense” when you are less active and likely to be sleeping.

Actigraphy is a diagnostic aid that helps in the diagnosis, understanding and treatment of several sleep disorders including circadian rhythm or body clock problems and insomnia.

Similar devices have become popular to use in the general population.

This is a picture of the actigraphy watch being worn.



What do I need to do?

- Wear the watch on the wrist of the non dominant hand.
- Wear the watch from today the day of collection until you have been asked to return it (usually one week).
- The watch should fit comfortably - not too tight or too loose.
- You need to wear the actigraphy at all times so let us know if this period is not a good time eg holidays, different work tasks etc.
- The actigraphy cannot get wet under any circumstances so please remove it to shower, bath or swim.
- Remember to wear it 24/7 unless showering or swimming.
- If having an MRI scan the watch should be removed prior to the scan and placed back on afterwards.

The Sleep Diary

- It is **essential** that you complete the sleep diary provided to you each day.
- This information is compared to the data downloaded from the watch and both pieces of information are vital to the doctors assessment and treatment of your condition.
- We have provided you with a red plastic folder to store your diary in and so you remember its importance and your need to return it with the watch to the practice.

Example of a Sleep Diary

SLEEP DIARY							
	Mon	Tue	Wed	Thu	Fri	Sat	Sun
What time did you go to bed last night?							
What time did you turn out the light?							
How long did it take you to fall asleep? (give your best estimate)							
How many times did you wake through the night?							
What time did you wake for the day?							
What time did you get out of bed?							
How long do you think you slept for last night?							
How would you rate your quality of sleep last night? (On a scale of 0 to 10, 0 being the worst and 10 being the best)							
How many cups of coffee, tea or coke did you have through the day?							
How much alcohol?							
Have you taken any sleeping tablets?							

SL= TST= SE=

Patient Name: _____ D.O.B.: _____

Date diary started: _____ Date to be returned: _____