|  |  |
| --- | --- |
| Before the STudy | |
|  | Print and sign the 3 following documents: Caregiver Informed Consent, Informed Assent for Research Involving Minors, and Participant Agreement |
|  | Return the above documents to CEC by email, fax, or mailing address |
|  | Read and complete the ASD Demographics Form |
|  | Complete the Autism Spectrum Rating Scale |
|  | Complete the Pre-study Sleep Habit Questionnaire |
|  | Sound pillow sent to your home address |
| During the STudy | |
|  | Complete the Daily Sleep Log for EACH day of the study |
| After the STudy | |
|  | Complete the Post-study Sleep Habit Questionnaire |
|  | Complete the Sleep Sound Pillow Questionnaire |
|  | Keep the pillow and enjoy! |

# SOUND PILLOW STUDY CHECKLIST

\*\*\*If you do not complete the above forms and instructions, you must return the pillow or be billed $150.00.