



Welcome to the doTERRA Serenity Sleep System Challenge! We're excited to have you on board. If you share your data with the doTERRA Clinical Research team throughout the challenge, you can be part of a larger study on the effects of the doTERRA Serenity Sleep System.

Here's a simple guide to help you get started:

Step 1: Gather Your Research Supplies

Before we begin, make sure you have everything you need for the challenge: the doTERRA Serenity Sleep System (essential oil blend, topical stick, and supplement) and a fitness tracker device (like a Fitbit, Apple Watch, Garmin, and so on).

Step 2: Sign the Consent Document

If you want to share your data from this challenge for the study, scan the QR code below to access, read, and sign the consent document. If you want to do the challenge without sharing your data, proceed to the next step. Feel free to reach out with any questions.



Want to join the study? Sign the consent to share data!

Step 3: Complete the Initial Measurements and Surveys

- · Before you begin and every two weeks, you'll fill out the surveys and fitness tracker data.
- If you'd just like the data for yourself, use the paper trackers in this packet.
- · If you choose to share your data for the study, scan the QR code on each week's packet to enter the data online.

Step 4: Make the doTERRA Serenity Sleep System Part of Your Routine

- Use the products in the doTERRA Serenity Sleep System each night.
- Inhale the sweet, aromatic lullaby of doTERRA Serenity Restful Blend as you prepare for bed.
- · Take a doTERRA Serenity Softgel about half an hour before bed.
- Rub the doTERRA Serenity Stick + Valerian onto your feet and pulse points and enjoy its calming aroma as you close your eyes and drift into a wonderful night's sleep.

Step 5: Don't Forget to Track!

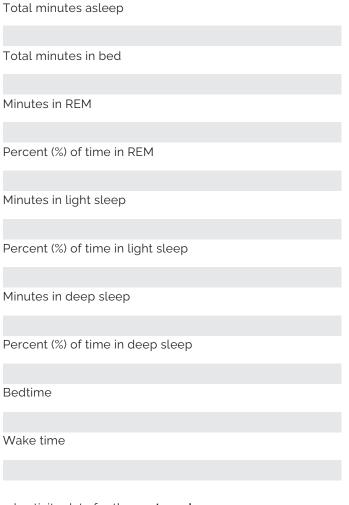
In the rest of the packet, you'll find surveys and trackers that help you assess how the doTERRA Serenity Sleep System is working for you. Fill out the baseline survey before beginning and then complete another survey every two weeks going forward.

Thank you for participating in the dōTERRA Serenity Sleep System Challenge! To those sharing your data, your input helps us understand the effectiveness of the dōTERRA Serenity Sleep System even better. If you have any concerns or questions throughout the study, email clinicalresearch@doterra.com.

We appreciate your cooperation and contribution to doTERRA research.

Starting Data

1. Open your fitness tracker app and find the following sleep data from the past week. If you can't find everything, don't worry! Just enter what you have.





Share your data as part of the study.

2. Find your fitness and activity data for the past week.

If you can't find everything, don't worry! Just enter what you have.

Activity/exercise minutes

Heart rate variability

Resting heart rate

3. Think about your sleep over the past two weeks and fill out the following surveys.

- 1. Mark where you are on each question.
- 2. Measure how your mark is from the left in millimeters to find your scores.
- **3.** Average the measurements for an overall score.

How would you describe the way you currently fall aslee	p in comparison to usual?
1. More difficult than usual	Easier than usual
2. Slower than usual	More quickly than usual
3. Less sleepy than usual	More sleepy than usual
How would you describe the quality of your sleep compa	red to normal sleep?
4. More restlessthan usual	Calmer than usual
5. With more wakefulperiods than usual	Less wakeful periods than usual
How would you describe your awakening in comparison t	co usual?
6. More difficult than usual	Easier than usual
7. Longer than usual	Shorter than usual
How do you feel when you wake up?	
8. Tired	Alert
How do you feel now?	
9. Tired	Alert
How would you describe your balance and co-ordination	upon awakening?
10. More disruptedthan usual	Less disrupted than usua

Ple	ease mark "√" as appropriate:	1	2	3	4
		Yes, extreme	Yes, moderate	Yes, a little	No
1	Do you have difficulty concentrating on the things you do because you're sleepy or tired?				
2	Do you generally have difficulty remembering things because you are sleepy or tired?				
3	Do you have difficulty finishing a meal because you become sleepy or tired?				
4	Do you have difficulty working on a hobby (like sewing, collecting, or gardening) because you're sleepy or tired?				
5	Do you have difficulty doing work around the house (like cleaning, doing laundry, taking out the trash, or making repairs) because you're sleepy or tired?				
6	Do you have difficulty operating a motor vehicle for short distances (less than 100 miles) because you become sleepy or tired?				
7	Do you have difficulty operating a motor vehicle for long distances (greater than 100 miles) because you become sleepy or tired?				
8	Do you have difficulty getting things done because you're too sleepy or tired to drive or take public transportation?				
9	Do you have difficulty taking care of financial affairs and doing paperwork (like writing checks, paying bills, keeping financial records, or filling out tax forms) because you're sleepy or tired?				
10	Do you have difficulty performing employed or volunteer work because you're sleepy or tired?				
		FOSQ-10	Score		



Choose one option for each questionnaire item.

1. In general, would	d you say your health	is:			
○ 1-Excellent	O 2-Very good	○ 3-Good	O 4-Fair	○ 5-Po	or
- F. d. d. d. d. (16	. 1 . 113 1	12 21 1			
_	at all) has your health e following activities?		Limited for more than 3 months	Limited for 3 months or less	Not limited at all
	s of vigorous activities yo running or participating i		0 1	O 2	3
	s of moderate activities you		0 1	<u></u>	3
Walking uphill or clin	nbing a few flights of stair	rs	0 1	○2	3
Bending, lifting, or sto	poping		1	○2	○3
Walking one block			0 1	○2	3
Eating, dressing, bath	ning, or using the toilet		1	○2	3
	y pain have you exper		-		
O 1-None C	2-Very Mild 3-	Mild 0 4-Mod	derate 🔘 5	S-Severe	5-Very Severe
4. Does your health	ı keep you from worki	ng at a job, doing	work around th	ne house, or goi	ng to school?
O 1-Yes, for more	than 3 months	O 2-Yes, for 3 m	onths or fewer	○ 3-N	Ио
5. Have you been u of your health?	nable to do certain kii	nds or amounts of	work, housew	ork, or schoolwo	ork because
1-Yes, for more	than 3 months	2-Yes, for 3 m	onths or fewer	O 3-N	No

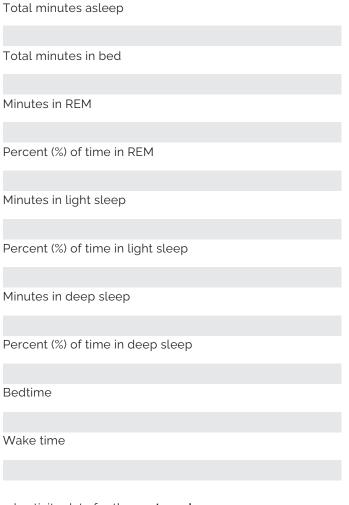
For each of the following questions, please mark the circle for the one answer that comes closest to the way you've been feeling during the past month.

	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
6. During the past month, how much of the time has you health limited your social activities (like visiting with friends or close relatives)?	01	<u></u> 2	○3	0 4	○5	○ 6
7. During the past month, how much of the time have you been a very nervous person?	01	<u> </u>	○3	0 4	O 5	○6
8. During the past month, how much of the time have you felt calm and peaceful?	01	_2	3	0 4	O 5	○6
9. During the past month, how much of the time have you feit downhearted and blue?	01	<u> </u>	3	0 4	0 5	<u></u> 6
10. During the past month, how much of the time have you been a happy person?	01	_2	○3	0 4	0 5	○6
11. During the past month, how often have you felt so down in the dumps that nothing could cheer you up?	O 1	_2	○3	0 4	○5	O 6

12. Please mark the circle that best describes whether each of the following statements is true or false for you.	Definitely true	Mostly true	Not sure	Mostly false	Definitely false
"I'm somewhat ill."	01	<u> </u>	3	O 4	O 5
"I'm as healthy as anyone I know."	01	<u> </u>	○3	0 4	○5
"My health is excellent."	01	_2	3	0 4	○5
"I've been feeling badly lately."	01	O 2	○3	0 4	○5

Outcomes of Sleep Questionnaire (FOSQ-10) | Week 2 Data

1. Open your fitness tracker app and find the following sleep data from the past week. If you can't find everything, don't worry! Just enter what you have.





Share your data as part of the study.

2. Find your fitness and activity data for the past week.

If you can't find everything, don't worry! Just enter what you have.

Steps
Activity/exercise minutes
Heart rate variability
Resting heart rate

3. Think about your sleep over the past two weeks and fill out the following surveys.

- 1. Mark where you are on each question.
- 2. Measure how your mark is from the left in millimeters to find your scores.
- **3.** Average the measurements for an overall score.

How would you describe the way you currently fall asle	ep in comparison to usual?
1. More difficult than usual	Easier than usual
2. Slower than usual	More quickly than usual
3. Less sleepy than usual	More sleepy than usual
How would you describe the quality of your sleep comp	ared to normal sleep?
4. More restlessthan usual	Calmer than usual
5. With more wakeful periods than usual	Less wakeful periods than usual
How would you describe your awakening in comparison	to usual?
6. More difficult than usual	Easier than usual
7. Longer than usual	Shorter than usual
How do you feel when you wake up?	
8. Tired	Alert
How do you feel now?	
9. Tired	Alert
How would you describe your balance and co-ordination	n upon awakening?
10. More disrupted than usual	Less disrupted than usua

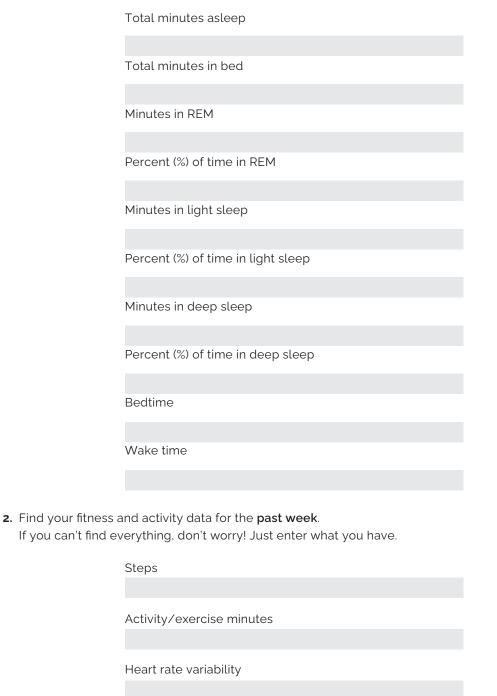


Please mark "√" as appropriate:		1	2	3	4
		Yes, extreme	Yes, moderate	Yes, a little	No
1	Do you have difficulty concentrating on the things you do because you're sleepy or tired?				
2	Do you generally have difficulty remembering things because you are sleepy or tired?				
3	Do you have difficulty finishing a meal because you become sleepy or tired?				
4	Do you have difficulty working on a hobby (like sewing, collecting, or gardening) because you're sleepy or tired?				
5	Do you have difficulty doing work around the house (like cleaning, doing laundry, taking out the trash, or making repairs) because you're sleepy or tired?				
6	Do you have difficulty operating a motor vehicle for short distances (less than 100 miles) because you become sleepy or tired?				
7	Do you have difficulty operating a motor vehicle for long distances (greater than 100 miles) because you become sleepy or tired?				
8	Do you have difficulty getting things done because you're too sleepy or tired to drive or take public transportation?				
9	Do you have difficulty taking care of financial affairs and doing paperwork (like writing checks, paying bills, keeping financial records, or filling out tax forms) because you're sleepy or tired?				
10	Do you have difficulty performing employed or volunteer work because you're sleepy or tired?				
		FOSQ-10	Score		

Outcomes of Sleep Questionnaire (FOSQ-10) | Week 4 Data

Share your data as part of the study.

1. Open your fitness tracker app and find the following sleep data from the past week. If you can't find everything, don't worry! Just enter what you have.



Resting heart rate

- **1.** Mark where you are on each question.
- 2. Measure how your mark is from the left in millimeters to find your scores.
- **3.** Average the measurements for an overall score.

How would you describe the way you currently fall asle	ep in comparison to usual?
1. More difficult than usual	Easier than usual
2. Slower than usual	More quickly than usual
3. Less sleepy than usual	More sleepy than usual
How would you describe the quality of your sleep comp	ared to normal sleep?
4. More restlessthan usual	Calmer than usual
5. With more wakeful periods than usual	Less wakeful periods than usual
How would you describe your awakening in comparison	to usual?
6. More difficult than usual	Easier than usual
7. Longer than usual	Shorter than usual
How do you feel when you wake up?	
8. Tired	Alert
How do you feel now?	
9. Tired	Alert
How would you describe your balance and co-ordination	n upon awakening?
10. More disrupted than usual	Less disrupted than usua



Please mark "√" as appropriate:	1	2	3	4
	Yes, extreme	Yes, moderate	Yes, a little	No
Do you have difficulty concentrating on the things you do because you're sleepy or tired?				
2 Do you generally have difficulty remembering things because you are sleepy or tired?				
3 Do you have difficulty finishing a meal because you become sleepy or tired?				
4 Do you have difficulty working on a hobby (like sewing, collecting, or gardening) because you're sleepy or tired?				
Do you have difficulty doing work around the house (like cleaning, doing laundry, taking out the trash, or making repairs) because you're sleepy or tired?				
Do you have difficulty operating a motor vehicle for short distances (less than 100 miles) because you become sleepy or tired?				
7 Do you have difficulty operating a motor vehicle for long distances (greater than 100 miles) because you become sleepy or tired?				
8 Do you have difficulty getting things done because you're too sleepy or tired to drive or take public transportation?				
Do you have difficulty taking care of financial affairs and doing paperwork (like writing checks, paying bills, keeping financial records, or filling out tax forms) because you're sleepy or tired?				
10 Do you have difficulty performing employed or volunteer work because you're sleepy or tired?				
	FOSQ-10	Score		

Outcomes of Sleep Questionnaire (FOSQ-10) | Week 6 Data

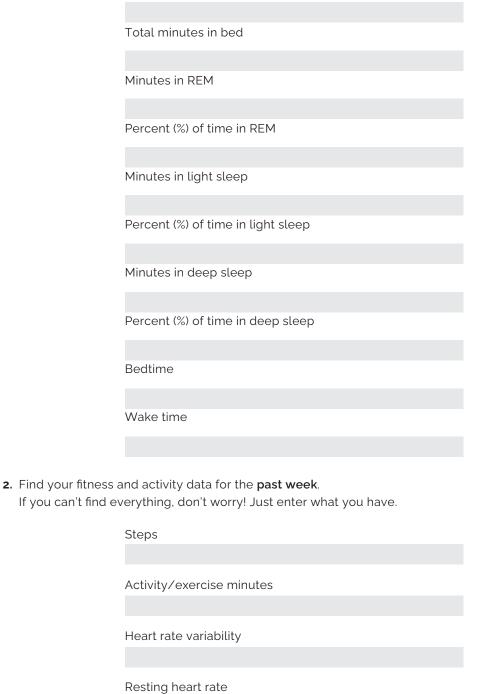
It's time to record the last set of data. Congratulations! After this, you'll have completed the doTERRA Serenity Sleep System Challenge.

Share your data as part of the study.

1. Open your fitness tracker app and find the following sleep data from the past week.

If you can't find everything, don't worry! Just enter what you have.

Total minutes asleep



- 1. Mark where you are on each question.
- 2. Measure how your mark is from the left in millimeters to find your scores.
- **3.** Average the measurements for an overall score.

How would you describe the way you currently fall asle	ep in comparison to usual?
1. More difficult than usual	Easier than usual
2. Slower than usual	More quickly than usual
3. Less sleepy than usual	More sleepy than usual
How would you describe the quality of your sleep comp	ared to normal sleep?
4. More restlessthan usual	Calmer than usual
5. With more wakeful periods than usual	Less wakeful periods than usual
How would you describe your awakening in comparison	to usual?
6. More difficult than usual	Easier than usual
7. Longer than usual	Shorter than usual
How do you feel when you wake up?	
8. Tired	Alert
How do you feel now?	
9. Tired	Alert
How would you describe your balance and co-ordination	n upon awakening?
10. More disrupted than usual	Less disrupted than usua

Please mark "√" as appropriate:	1	2	3	4
	Yes, extreme	Yes, moderate	Yes, a little	No
Do you have difficulty concentrating on the things you do because you're sleepy or tired?				
2 Do you generally have difficulty remembering things because you are sleepy or tired?				
3 Do you have difficulty finishing a meal because you become sleepy or tired?				
4 Do you have difficulty working on a hobby (like sewing, collecting, or gardening) because you're sleepy or tired?				
Do you have difficulty doing work around the house (like cleaning, doing laundry, taking out the trash, or making repairs) because you're sleepy or tired?				
6 Do you have difficulty operating a motor vehicle for short distances (less than 100 miles) because you become sleepy or tired?				
7 Do you have difficulty operating a motor vehicle for long distances (greater than 100 miles) because you become sleepy or tired?				
8 Do you have difficulty getting things done because you're too sleepy or tired to drive or take public transportation?				
9 Do you have difficulty taking care of financial affairs and doing paperwork (like writing checks, paying bills, keeping financial records, or filling out tax forms) because you're sleepy or tired?				
10 Do you have difficulty performing employed or volunteer work because you're sleepy or tired?				
	FOSQ-10	Score		



Choose one option for each questionnaire item.

1. In general, would you s	ay your health is	:			
O 1-Excellent	2-Very good	○ 3-Good	○ 4-Fair	○ 5-Po	or
For how long (if at all) h you in each of the follow	•	mited	Limited for more than 3 months	Limited for 3 months or less	Not limited at all
The kinds or amounts of vigo lifting heavy objects, running			0 1	O 2	3
The kinds or amounts of moo moving a table, carrying groo	01 02		3		
Walking uphill or climbing a few flights of stairs			0 1	○2	3
Bending, lifting, or stooping			\bigcirc 1	○2	3
Walking one block			1	○2	3
Eating, dressing, bathing, or u	using the toilet		0 1	O 2	3
3. How much bodily pain h	and vou experie	mand during the	nost 4 wooks?		
	Mild 3-M		derate 0 5	-Severe O	5-Very Severe
4. Does your health keep y	ou from working	g at a job, doing	work around th	ne house, or goin	ng to school?
○ 1-Yes, for more than 3 months ○ 2-Yes, for 3 months or fewer ○ 3-No					10
5. Have you been unable t of your health?	o do certain kind	ds or amounts of	work, housewe	ork, or schoolwo	ork because
1–Yes, for more than 3 n	nonths	1-Yes, for more than 3 months 2-Yes, for 3 m			

For each of the following questions, please mark the circle for the one answer that comes closest to the way you've been feeling during the past month.

	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
6. During the past month, how much of the time has you health limited your social activities (like visiting with friends or close relatives)?	01	<u></u> 2	○3	0 4	○5	○ 6
7. During the past month, how much of the time have you been a very nervous person?	01	<u> </u>	○3	0 4	O 5	○6
8. During the past month, how much of the time have you felt calm and peaceful?	01	_2	3	0 4	O 5	○6
9. During the past month, how much of the time have you feit downhearted and blue?	01	<u> </u>	3	0 4	0 5	<u></u> 6
10. During the past month, how much of the time have you been a happy person?	01	_2	○3	0 4	0 5	○6
11. During the past month, how often have you felt so down in the dumps that nothing could cheer you up?	O 1	_2	○3	0 4	○5	O 6

12. Please mark the circle that best describes whether each of the following statements is true or false for you.	Definitely true	Mostly true	Not sure	Mostly false	Definitely false
"I'm somewhat ill."	01	_2	3	O 4	O 5
"I'm as healthy as anyone I know."	01	_2	○3	0 4	○5
"My health is excellent."	01	_2	3	O 4	○5
"I've been feeling badly lately."	01	<u> </u>	○3	0 4	○5

