ACCELEROMETRY FORM

ID NUMBER: ________________________ FORM CODE: ACC DATE: 01/09/2020 Version 4.0

ADMINISTRATIVE INFORMATION

0a. Completion Date: ______/_____/______ 0b. Staff ID: ______

0c. Was the log returned to the clinic?

Yes..... ☐  No ...... ☐  → Go to Item 12

Instructions: This questionnaire is started when the accelerometer is given to the participant and completed when the accelerometer is returned to the clinic.

A. ACCELEROMETRY INITIATION

1. Accelerometer ID: ________________________

2. Accelerometer serial number: ________________________  max length=80

3. Time/date accelerometer started:
   a. Time accelerometer started: __________: ______:
       h   h   m   m
   b. Date accelerometer started: __________/________/________
       M   M   D   D   Y   Y   Y   Y

4. Accelerometry technician ID: ________________________

B. SLEEPING LOG

5. Day 1:
   a. Went to bed __________: ______:
       h   h   m   m
   b. Got out of bed __________: ______:
       h   h   m   m

6. Day 2:
   a. Went to bed __________: ______:
       h   h   m   m
   b. Got out of bed __________: ______:
       h   h   m   m
7. Day 3:
   a. Went to bed
      [ ] [ ] : [ ] [ ]
      h  h : m  m
   b. Got out of bed
      [ ] [ ] : [ ] [ ]
      h  h : m  m

8. Day 4:
   a. Went to bed
      [ ] [ ] : [ ] [ ]
      h  h : m  m
   b. Got out of bed
      [ ] [ ] : [ ] [ ]
      h  h : m  m

9. Day 5:
   a. Went to bed
      [ ] [ ] : [ ] [ ]
      h  h : m  m
   b. Got out of bed
      [ ] [ ] : [ ] [ ]
      h  h : m  m

10. Day 6:
    a. Went to bed
       [ ] [ ] : [ ] [ ]
       h  h : m  m
    b. Got out of bed
       [ ] [ ] : [ ] [ ]
       h  h : m  m

11. Day 7: (Not applicable for ARIC visit)
    a. Went to bed
       [ ] [ ] : [ ] [ ]
       h  h : m  m
    b. Got out of bed
       [ ] [ ] : [ ] [ ]
       h  h : m  m
C. ACCELEROMETRY COMPLETION

12. Was the accelerometer returned to the clinic?

Yes...... ☐
No ...... ☐ → Save and close form

13. Accelerometry technician ID ................................................. ☐ ☐ ☐

14. Date accelerometer returned to clinic: .......................... M / M / D / D / Y / Y / Y / Y

   a. Data successfully downloaded?

      Yes........ ☐
      No ......... ☐

Complete the remaining items if the log was returned to the clinic (question 0c = Yes).

15. Did the participant remove the accelerometer (1st time)?

   Yes...... ☐
   No ...... ☐ → Save and close form

16. Time/date accelerometer removed (1st time):

   a. Time accelerometer removed (1st time): ............ h : h

   b. Date accelerometer removed: .......................... M / M / D / D / Y / Y / Y / Y

17. Time/date accelerometer replaced (1st time):

   a. Time accelerometer replaced (1st time): .......... h : h

   b. Date accelerometer replaced: ................................ M / M / D / D / Y / Y / Y / Y

18. Reason for removal (1st time):

   _______________________________________________________________________________________

19. Did the participant remove the accelerometer (2nd time)?

   Yes...... ☐
   No ...... ☐ → Save and close form
20. Time/date accelerometer removed (2nd time):
   a. Time accelerometer removed (2nd time): ..........   h   h   :   m   m
   b. Date accelerometer removed: ..........................   M   M   /   M   M   /   M   M   Y   Y   Y   Y

21. Time/date accelerometer replaced (2nd time):
   a. Time accelerometer replaced (2nd time): ..........   h   h   :   m   m
   b. Date accelerometer replaced: ..........................   M   M   /   M   M   /   M   M   Y   Y   Y   Y

22. Reason for removal (2nd time):
   ____________________________________________________________

23. Did the participant remove the accelerometer (3rd time)?
   Yes..... ☐
   No ...... ☐ → **Save and close form**

24. Time/date accelerometer removed (3rd time):
   a. Time accelerometer removed (3rd time): ..........   h   h   :   m   m
   b. Date accelerometer removed: ..........................   M   M   /   M   M   /   M   M   Y   Y   Y   Y

25. Time/date accelerometer replaced (3rd time):
   a. Time accelerometer replaced (3rd time): ..........   h   h   :   m   m
   b. Date accelerometer replaced: ..........................   M   M   /   M   M   /   M   M   Y   Y   Y   Y

26. Reason for removal (3rd time):
   ____________________________________________________________
27. Did the participant remove the accelerometer (4th time)?)

   Yes..... □
   No ...... □ → Save and close form

28. Time/date accelerometer removed (4th time):
   a. Time accelerometer removed (4th time): .......... h  h  :  m  m
   b. Date accelerometer removed: ......................... M  M  / M  M  / M  M  M  M

29. Time/date accelerometer replaced (4th time):
   a. Time accelerometer replaced (4th time): .......... h  h  :  m  m
   b. Date accelerometer replaced: ......................... M  M  / M  M  / M  M  M  M

30. Reason for removal (4th time):

   ______________________________________________________________________________________