



ACCELEROMETRY FORM

ID NUMBER:

FORM CODE:

DATE: 2/8/2024
Version 5.0

ADMINISTRATIVE INFORMATION

0a. Completion Date: / /
Month Day Year

0b. Staff ID:

0c. Would you be interested in participating in this part of the study, as I've described?

Yes → **Go to item 1**

No.....

0c1. If no, why not? _____ → **Save and close form**

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. Date accelerometer started: / /
M M D D Y Y Y Y

4. Accelerometry technician ID

B. ACCELEROMETRY COMPLETION

5. Was the accelerometer returned to the clinic?

Yes

No..... → **Go to item 8**

6. Accelerometry technician ID:

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

a. Data successfully downloaded?

Yes

No.....

8. Was the Sleep Diary returned to the clinic?

Yes

No