



# FITBIT INITIALIZATION FORM

ID NUMBER:

FORM CODE:

DATE: 1/23/2024  
Version 1.0

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## 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**

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**Instructions:** *This questionnaire is started when the Fitbit is given to the participant. Section D is updated throughout the course of the study.*

## A. FITBIT EXCLUSION AND CONSENT INFORMATION

1. Do you own a smartphone (i.e., a mobile phone that performs many of the advanced functions of a computer, typically having a touchscreen, internet access, and is capable of downloading applications or “apps”) ?

Yes .....

No.....  → **Save and close form**

1a. What type of smartphone do you own?

Apple iPhone  → **Go to item 1b**

Android  → **Go to item 1b**

Other

1a1. Specify other: \_\_\_\_\_

1b. Is the smartphone compatible with Fitbit? (*iPhone requires iOS 15.0 or later; Android requires Android 9 or later*)

Yes .....

No .....  → **Save and close form**

1c. Does the participant consent to receiving text messages regarding the Fitbit study?

Yes .....

No

**B. FITBIT INITIALIZATION INFORMATION**

2. Google (Gmail) email address: \_\_\_\_\_

2a. Google (Gmail) email password: \_\_\_\_\_

3. Fitbit serial number:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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3a. Fitabase participant ID:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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4. Date of Fitbit set-up:.....

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
M	M		D	D		Y	Y	Y	Y

5. Wrist the Fitbit watch is worn on:

Right...

Left .....

5a. Is this the participant's dominant or non-dominant wrist?

Dominant

Non-dominant

**C. AT-HOME TECHNOLOGY SUPPORT INFORMATION**

6. When you use technology, do you ever need help using it?

Yes, I frequently need help

Yes, sometimes I need help

No, I do not need help  → **Go to item 7**

6a. Who do you rely on the most for help with technology?

- Child <sup>A</sup> → **Go to item 7**
- Grandchild <sup>B</sup> → **Go to item 7**
- Spouse <sup>C</sup> → **Go to item 7**
- Partner <sup>D</sup> → **Go to item 7**
- Friend <sup>E</sup> → **Go to item 7**
- Neighbor <sup>F</sup> → **Go to item 7**
- Technology company support <sup>G</sup> → **Go to item 7**
- I don't have anyone <sup>H</sup> → **Go to item 7**
- Other <sup>I</sup>

6a1. Specify other: \_\_\_\_\_

#### D. FITBIT REPLACEMENTS AND RETURNS

7. Has the participant required a replacement for the Fitbit during the study, due to loss of, damage to, malfunction of, or battery loss of the original device?

Yes.....

No..... → **Save and close form**

7a. Replacement Fitbit serial number:

7b. Date of Fitbit replacement:..... /  /

M M D D Y Y Y Y

8. Has the participant required a second replacement?

Yes.....

No..... → **Save and close form**

8a. Replacement Fitbit serial number:

8b. Date of Fitbit replacement:..... /  /

M M D D Y Y Y Y

9. Has the participant required a third replacement?

Yes .....

No.....  → **Save and close form**

9a. Replacement Fitbit serial number:

9b. Date of Fitbit replacement:.....  /  /

M M D D Y Y Y Y

10. Has the participant required a fourth replacement?

Yes .....

No.....  → **Save and close form**

10a. Replacement Fitbit serial number:

10b. Date of Fitbit replacement:.....  /  /

M M D D Y Y Y Y

11. Has the participant required a fifth replacement?

Yes .....

No.....  → **Save and close form**

11a. Replacement Fitbit serial number:

11b. Date of Fitbit replacement:.....  /  /

M M D D Y Y Y Y

12. Has the participant decided to return their device and withdraw from the Fitbit study?

Yes .....

No.....  → **Save and close form**

12a. Date of return: .....  /  /

M M D D Y Y Y Y