FITBIT SUPPORT LOG

ID NUMBER: | | | | | | | | FORM CODE: | F | B | T | DATE: 11/11/2026 Version 2.0

ADMINISTRATIVE INFORMATION

0a. Completion Date: | | | / | | | / | | | | | (Month / Day / Year) 0b. Staff ID: | | | |

Instructions: *This log is updated throughout the course of the study as contacts are made.*

A. FITBIT SUPPORT LOG

1. Date of 7-Day Call: | | | / | | | / | | | | | 1a. Staff ID: | | | |

1b. Secondary Nature of Contact:

Contact Made?	a. Date of Contact:	b. Staff ID:	c. Contact Method:	d. Contact Initiated By:	e. Person Contacted:	f. Primary Nature of Contact:	g. Secondary Nature of Contact:
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OPTIONS for Contact Method:
Phone
Email
In-person
In-person (participant's home)
Zoom/Video Conferencing

OPTIONS for Contact Initiated:
Field Center Staff
Johns Hopkins Wearable Team
Participant
Participant family member/proxy

OPTIONS for Person Contacted:
Field Center Staff
Johns Hopkins Wearable Team
Participant
Participant family member/proxy
Manufacturer (Fitbit)

OPTIONS for Nature of Contact (Primary and Secondary):
General Question
Results/Alerts Question
Adherence
Technology Question
Device Malfunction
Verification Contact
Reauthorization to Google Health API