

ACCELEROMETRY FORM

ID NUMBER:	FORM CODE: A C C DATE: 12/09/2019 Version 3.0
ADMINISTRATIVE INFORMATION	
0a. Completion Date: Month D	Ob. Staff ID:
0c. Was the log returned to the clinic?	
Yes	
No \square \rightarrow Go to item 12	
Instructions: This questionnaire is start accelerometer is returned to the clinic.	ed when the accelerometer is given to the participant and completed when th
A. ACCELEROMETRY INITIATION	ı
1. Accelerometer ID	
2. Accelerometer serial number	max length=20
3. Time/date accelerometer started:	
a. Time accelerometer starte	d:h h m m
b. Date accelerometer started	d: 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

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7. Day 3:

a. Went to bed

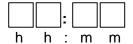
]:		
h	h	:	m	m

b. Got out of bed

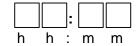
]:		
h	h	:	m	m

8. Day 4:

a. Went to bed

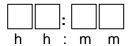


b. Got out of bed

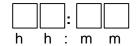


9. Day 5:

a. Went to bed



b. Got out of bed



10. Day 6:

a. Went to bed

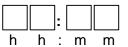
]:		
h	h	:	m	m

b. Got out of bed

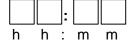
]:		
h	h	-:	m	m

11. Day 7:

a. Went to bed



b. Got out of bed



C. ACCELEROMETRY COMPLETION 12. Was the accelerometer returned to the clinic? Yes..... No $\square \rightarrow$ Save and close form 13. Accelerometry technician ID...... 14. Date accelerometer returned to clinic: 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 $\square \rightarrow$ Save and close form 16. Time/date accelerometer removed (1st time): a. Time accelerometer removed (1st time): b. Date accelerometer removed: 17. Time/date accelerometer replaced (1st time): a. Time accelerometer replaced (1st time):

m

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

b. Date accelerometer replaced:

Yes..... \square No \square \rightarrow Save and close form

18. Reason for removal (1st time):

20. Time/date accelerometer removed (2nd time):
a. Time accelerometer removed (2nd time):
b. Date accelerometer removed:
21. Time/date accelerometer replaced (2nd time):
a. Time accelerometer replaced (2nd time):
b. Date accelerometer replaced:
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):
b. Date accelerometer removed:
25. Time/date accelerometer replaced (3rd time):
a. Time accelerometer replaced (3rd time):
b. Date accelerometer replaced:
26. Reason for removal (3rd time):

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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):
b. Date accelerometer removed:
29. Time/date accelerometer replaced (4th time):
a. Time accelerometer replaced (4th time):
b. Date accelerometer replaced:
M M D D Y Y Y Y 30. Reason for removal (4th time):

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