

ID NUMBER:	FORM CODE: A C C DATE: 01/09/2020 Version 4.0
ADMINISTRATIVE INFORMATION	
0a. Completion Date: Month E	Ob. Staff ID:
0c. Was the log returned to the clinic?	
Yes □	
No $\square \rightarrow $ <b>Go to item 12</b>	
Instructions: This questionnaire is star accelerometer is returned to the clinic.	ted when the accelerometer is given to the participant and completed when the
A ACCELEROMETRY INITIATION	N
1. Accelerometer ID	
2. Accelerometer serial number	max length=80
3. Time/date accelerometer started	
a. Time accelerometer starte	ed:h h m m
b. Date accelerometer starte	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

ACC- Accelerometry Form

3:

a.	W	'ent	to	bec

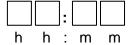
		].		
h	h		m	m

b. Got out of bed

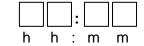
		]:		
h	h		m	m

8. Day 4:

a. Went to bed

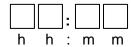


b. Got out of bed



9. Day 5:

a. Went to bed



b. Got out of bed

		]:		
h	h	:	m	m

10. Day 6:

a. Went to bed

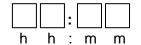
		]:		
h	h	:	m	m

b. Got out of bed

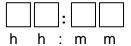
		7			
		_]:			
h	h	:	m	m	

11. Day 7: (Not applicable for ARIC visit)

a. Went to bed



b. Got out of bed



C. ACCELEROMETRY COMPLETION	
12. Was the accelerometer returned to the clinic?	
Yes $\square$ No $\square \to $ Save and close form	
13. Accelerometry technician ID	
14. Date accelerometer returned to clinic:	
a. Data successfully downloaded?	
Yes	
Complete the remaining items if the log was returned to the clinic (question $0c = Yes$ ).	
<ul> <li>15. Did the participant remove the accelerometer (1<sup>st</sup> time)?</li> <li>Yes □</li> <li>No □ → Save and close form</li> </ul>	
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):	

18. Reason for removal (1st time):

h

M

M

m m

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

b. Date accelerometer replaced: .....

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

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):h h m m
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:
M M D D Y Y Y Y 26. Reason for removal (3rd time):

ACC- Accelerometry Form

27. Did the participant remove the accelerometer (4th time)?
Yes $\square$ No $\square$ $\rightarrow$ <b>Save and close form</b>
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):h h m m
b. Date accelerometer replaced:
30. Reason for removal (4th time):