



Exam 7

Hip and Wrist Activity Monitors Completion Form

Participant ID #: [][][][][][][][][]

Acrostic: [][][][][][][][][][]

Technician ID: [][][][][]

Date: [][] / [][] / [][][][]
Month Day Year

Hip Activity Monitor

Did the participant receive a hip activity monitor?

- No →
- Yes

Reason:

- Participant refusal
- Unable to ambulate
- Physician instruction not to be physically active
- Monitor not available
- Other: _____

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Date distributed: [][] / [][] / [][][][]
Month Day Year

ActiGraph Monitor ID: _____

Fully charged battery?

- No
- Yes

Start date: [][] / [][] / [][][][]
Month Day Year

Initialized to start at 12AM?

- No
- Yes

Check-in call*: [][] / [][] / [][][][] *Estimated as 2-3 days (or first business day) after start date
Month Day Year

End date*: [][] / [][] / [][][][] *Estimated as 9 days (or first business day) after start date
Month Day Year

Receipt date*: [][] / [][] / [][][][] *Estimated as 9 days (or first business day) after start date
Month Day Year



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Participant ID #:

Acrostic:

Technician ID:

Date: / /
Month Day Year

Wrist Actigraph Device

Did the participant receive a wrist actigraph device?

- No →
- Yes

Reason:

- Participant refusal
- Unable to ambulate
- Physician instruction not to be physically active
- Device not available
- Other: _____

End of form

GENEActiv serial #: _____

Programmed recording start:

/ / : AM
 Month Day Year PM

Device on wrist start:

Mo Tu W Th F Sa Sun

/ / : AM
 Month Day Year PM

Device on wrist stop:

Mo Tu W Th F Sa Sun

/ / : AM
 Month Day Year PM

Comments (any difficulties with application, uploading, participant wear):



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Participant ID #:

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Technician ID:

Date: / /
Month Day Year

Did the participant return the wrist actigraph device?

- No →
- Yes

Reason:

- Lost by participant
- Lost by postal service
- Other: _____



Date received:

Mo Tu W Th F Sa Sun

/ / : AM
 PM

Month Day Year

Data downloaded?

- No →
- Yes

Reason:

- Download error
- Monitor damaged
- Staff error
- Other: _____

Date data downloaded:

Mo Tu W Th F Sa Sun

/ / : AM
 PM

Month Day Year

Comments (any difficulties with application, uploading, participant wear):
