

Exam 7 Participant ID #:

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Hip and Wrist Activity **Monitors Completion Form**

Technician ID:			D	ate:			/]/			
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Hip Activity Monitor

Did the participant receive	e a hip activity monitor?
○ No	Reason:
O Yes	Participant refusal
	O Unable to ambulate
	O Physician instruction not to be physically active
	O Monitor not available

O Other:_____

Skip to page 3

Date distributed:
ActiGraph Monitor ID:
Fully charged battery? O No
O Yes
Start date:
Initialized to start at 12AM?
O No
O Yes
Check-in call*:
End date*: Month Day Year *Estimated as 9 days (or first business day) after start date
Receipt date*: / / / / *Estimated as 9 days (or first business day) after start date Month Day Year



Exam 7 Participant ID #:

Hip and Wrist Activity **Monitors Completion Form**

Technician ID:	Date: /			
	Month	Day	Year	

Did the participant return	the hip activity	monitor?
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○ No	Reason:	
O Yes	O Lost by participant	
	O Lost by postal service	
	O Other:	
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Date received: Month	Day Year
Data downloaded?	Reason:
O No ———	Download error
O Yes	Monitor damaged
	O Staff error
	O Other:
Date data downloaded:	Month Day Year



Exam 7 Participant ID #:

Technician ID:

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Hip and Wrist Activity Monitors Completion Form

Date:	\rfloor / \lfloor		/			
Mont	:h	Day		Ye	ar	

Wrist Actigraph Device

Did tho	narticinant	rocoivo a	wrict	actionanh	dovico2
טוע נוופ	participant	receive a	WIISL	actigraph	uevice:

\bigcirc NO \longrightarrow	Reason:
O Yes	O Participant refusal
	O Unable to ambulate
	O Physician instruction not to be physically active
	O Device not available
	O Other:
	End of form

GENEActiv serial #: _		
Programmed recording Month Day	ng start: / Year	. O AM
Device on wrist start:		
O O O Mo Tu W Month Day	O O O O Th F Sa Sun Year	O AM O PM
Device on wrist stop:		
O O O Mo Tu W	O O O O Th F Sa Sun	
Month Day	/ Year	: O AM
Comments (any diffic	ulties with application, u	ploading, participant wear):



Exam 7

Participant ID #:	ı
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Hip and Wrist Activity Monitors Completion Form

Technician ID:		Date:	\square /		/ 🔲		
		M	onth	Day	Υ	'ear	

Did the participant return the wrist actigraph device?

○ No	Reason:
O Yes	O Lost by participant
	O Lost by postal service
	O Other:
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Мо	Tu	W	Th	F	Sa	Sun		
	/]/[0	AM PM
Mont	h	Day		Υ	'ear			

Data downloaded?

O	No	-
0	Yes	

Reason:

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

Date data downloaded:

0	0	0	0	0	0	0		
Мо	Tu	W	Th	F	Sa	Sun		
]/]/[0	AM PM
Mont	h	Dav		Υ	ear			

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