MESA 24H-ACT Hip Monitor Certification / Supervisor / Site Visit Checklist

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **DATE:** |  |  |  |  |  | **Field Center:** |  |
|  | **mo** |  | **day** |  | **year** |  |  |
|  |  |  |  |  |  | **Technician name/ID:** |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | **Supervisor:** |  |
|  |  |  |  |  |  |  |  |
| **Purpose of Evaluation:** |
| **Certification** |  | **Supervisor QC Check** |  | **Site Visit** |  |  |
|  |  |  |  |  |  |  |

Please check the appropriate box if technician performance is satisfactory for each line item. Please note any comments or remedial action taken in ‘Comments’ section if performance was not satisfactory.

|  |  |  |
| --- | --- | --- |
| **Prepare Data Collection Package** | **Yes** | **No** |
| 1. | Data collection package includes: Participant Instructions, Frequently Asked Questions, Return Checklist, pre-paid and addressed return envelope/package |  |  |
| 2. | Completed Question 1 on Hip Activity Monitor Completion Form  |  |  |
| 3. | ActiGraph battery fully charged (>98%) |  |  |
| **ActiGraph Initialization** | **Yes** | **No** |
| 4. | Start date is the expected day of in-person, ancillary study exam |  |  |
| 5. | Start time is 12:00am |  |  |
| 6. | Use stop time? box is unchecked. |  |  |
| 7. | Atomic server time is selected |  |  |
| 8. | Sampling rate is 40 hertz |  |  |
| 9. | LED and Wireless options are unchecked |  |  |
| 10. | Idle Sleep Mode Enabled |  |  |
| 11. | MESA ID entered as Subject Name |  |  |
| **Participant Instruction** | **Yes** | **No** |
| 12. | Followed Script  |  |  |
| 13. | At the end, asked participant if s/he had any questions |  |  |
| **2-3 Day Check-in**  | **Yes** | **No** |
| 14. | Followed Script |  |  |
| 15. | At the end, asked the participant if s/he had any questions |  |  |
| **ActiGraph Data Download** | **Yes** | **No** |
| 16. | Subject Name (i.e., MESA ID) was used as the file naming convention |  |  |
| 17. | Data file was downloaded to the specified computer directory |  |  |

|  |  |
| --- | --- |
| **Comments/Corrective Actions:** |  |
|  |
|  |
| ***Supervisor /Site Visitor Signature*** |  |