**Wrist Actigraphy Certification / Supervisor / Site Visit Checklist**

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| **DATE:** |  |  |  | |  | |  | **Field Center:** |  | | | | |
|  | **mo** |  | **day** | |  | | **year** |  |  | | | | |
|  |  |  |  | |  | |  | **Technician name/ID:** |  | | | | |
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|  |  |  |  | |  | |  | **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.

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| 1. | Device Setup: 60 Hz Measurement Frequency selected |  |  |
| 2. | Device Setup: “Local PC Time” selected in Time Setup |  |  |
| 3. | Device Setup: “At Future Time” selected in Recording Start Mode |  |  |
| 4. | Device Setup: Subject Code field uses ParticipantID-YYYYMMDD format |  |  |
| 5. | Device Setup: Start date matches Subject Code date |  |  |
| 6. | Device Setup: All other Subject Info and Trial Info are empty |  |  |
| 7. | Participant Instructions: instructs participant to wear device on non-dominant wrist |  |  |
| 8. | Participant Instructions: explains where event marker is located and when to press |  |  |
| 9. | Participant Instructions: explains how to complete sleep diary |  |  |
| 10. | Data Extraction: creates individual participant data folder |  |  |
| 11. | Data Extraction: extracts data to correct participant data folder |  |  |

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Corrective Action Taken: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Supervisor/ Site Visitor Name/Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_