



# FITBIT CHECK-IN FORM

ID NUMBER:

FORM CODE:

DATE: 12/11/2024  
Version 1.0

## ADMINISTRATIVE INFORMATION

0a. Completion Date:  /  /   
Month Day Year

0b. Staff ID:

**Instructions:** This form is completed during the interview portion of the participant's follow up if a 'Yes' is indicated in the 'FCN Form Required' field on the Annual and Semi-Annual Participant Tracing Sheets in CDART. Special missing values are allowed for cases where the response "Don't know", "Refused", "Unknown", or "N/A" is not listed as an option.

1. Have you [name] had a pacemaker or cardiac defibrillator implanted since our last contact on [mm/dd/yyyy]?

Yes .....  1  
No .....  0