

7. Day 3:

a. Went to bed

:
h h : m m

b. Got out of bed

:
h h : m m

8. Day 4:

a. Went to bed

:
h h : m m

b. Got out of bed

:
h h : m m

9. Day 5:

a. Went to bed

:
h h : m m

b. Got out of bed

:
h h : m m

10. Day 6:

a. Went to bed

:
h h : m m

b. Got out of bed

:
h h : m m

11. Day 7: (Not applicable for ARIC visit)

a. Went to bed

:
h h : m m

b. Got out of bed

:
h h : m m

C. ACCELEROMETRY COMPLETION

12. Was the accelerometer returned to the clinic?

Yes.....

No → **Save and close form**

13. Accelerometry technician ID

14. Date accelerometer returned to clinic: / /
M M D D Y Y Y Y

a. Data successfully downloaded?

Yes.....

No

Complete the remaining items if the log was returned to the clinic (question 0c = Yes).

15. Did the participant remove the accelerometer (1st time)?

Yes.....

No → **Save and close form**

16. Time/date accelerometer removed (1st time):

a. Time accelerometer removed (1st time): :
h h m m

b. Date accelerometer removed: / /
M M D D Y Y Y Y

17. Time/date accelerometer replaced (1st time):

a. Time accelerometer replaced (1st time): :
h h m m

b. Date accelerometer replaced: / /
M M D D Y Y Y Y

18. Reason for removal (1st time):

19. Did the participant remove the accelerometer (2nd time)?

Yes.....

No → **Save and close form**

