



FITBIT INITIALIZATION FORM

ID NUMBER:

FORM CODE:

DATE: 1/23/2024
Version 1.0

ADMINISTRATIVE INFORMATION

0a. Completion Date: / /
Month Day Year

0b. Staff ID:

0c. Would you be interested in participating in this part of the study, as I've described?

Yes..... → **Go to item 1**

No.....

0c1. If no, why not? _____ → **Save and close form**

Instructions: *This questionnaire is started when the Fitbit is given to the participant. Section D is updated throughout the course of the study.*

A. FITBIT EXCLUSION AND CONSENT INFORMATION

1. Do you own a smartphone (i.e., a mobile phone that performs many of the advanced functions of a computer, typically having a touchscreen, internet access, and is capable of downloading applications or “apps”) ?

Yes.....

No..... → **Save and close form**

1a. What type of smartphone do you own?

Apple iPhone → **Go to item 1b**

Android → **Go to item 1b**

Other

1a1. Specify other: _____

1b. Is the smartphone compatible with Fitbit? (*iPhone requires iOS 15.0 or later; Android requires Android 9 or later*)

Yes.....

No..... → **Save and close form**

1c. Does the participant consent to receiving text messages regarding the Fitbit study?

Yes.....

No

B. FITBIT INITIALIZATION INFORMATION

2. Google (Gmail) email address: _____

2a. Google (Gmail) email password: _____

3. Fitbit serial number:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

3a. Fitabase participant ID:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

4. Date of Fitbit set-up:.....

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
M	M		D	D		Y	Y	Y	Y

5. Wrist the Fitbit watch is worn on:

Right...

Left

5a. Is this the participant's dominant or non-dominant wrist?

Dominant

Non-dominant

C. AT-HOME TECHNOLOGY SUPPORT INFORMATION

6. When you use technology, do you ever need help using it?

Yes, I frequently need help

Yes, sometimes I need help

No, I do not need help → **Go to item 7**

6a. Who do you rely on the most for help with technology?

- Child ^A → **Go to item 7**
- Grandchild ^B → **Go to item 7**
- Spouse ^C → **Go to item 7**
- Partner ^D → **Go to item 7**
- Friend ^E → **Go to item 7**
- Neighbor ^F → **Go to item 7**
- Technology company support ^G → **Go to item 7**
- I don't have anyone ^H → **Go to item 7**
- Other ^I

6a1. Specify other: _____

D. FITBIT REPLACEMENTS AND RETURNS

7. Has the participant required a replacement for the Fitbit during the study, due to loss of, damage to, malfunction of, or battery loss of the original device?

Yes

No..... → **Save and close form**

7a. Replacement Fitbit serial number:

7b. Date of Fitbit replacement:..... / /
M M D D Y Y Y Y

8. Has the participant required a second replacement?

Yes

No..... → **Save and close form**

8a. Replacement Fitbit serial number:

8b. Date of Fitbit replacement:..... / /
M M D D Y Y Y Y

9. Has the participant required a third replacement?

Yes

No..... → **Save and close form**

9a. Replacement Fitbit serial number:

9b. Date of Fitbit replacement:..... / /

M M D D Y Y Y Y

10. Has the participant required a fourth replacement?

Yes

No..... → **Save and close form**

10a. Replacement Fitbit serial number:

10b. Date of Fitbit replacement:..... / /

M M D D Y Y Y Y

11. Has the participant required a fifth replacement?

Yes

No..... → **Save and close form**

11a. Replacement Fitbit serial number:

11b. Date of Fitbit replacement:..... / /

M M D D Y Y Y Y

12. Has the participant decided to return their device and withdraw from the Fitbit study?

Yes

No..... → **Save and close form**

12a. Date of return: / /

M M D D Y Y Y Y

12b. What was the primary reason that you decided to return your Fitbit?

- It was too difficult to use A
- Insufficient internet access B
- Did not find the information the Fitbit provided to be valuable C
- Did not like the Fitbit watch or band D
- Did not like the Fitbit app E
- Fitbit returned without providing a reason F
- Other G

12b1. Specify other: _____