



# FITBIT SUPPORT LOG

ID NUMBER:

FORM CODE:  F  B  T

DATE: 1/23/2024  
Version 1.0

## ADMINISTRATIVE INFORMATION

0a. Completion Date:  /  /   
Month Day Year

0b. Staff ID:

**Instructions:** *This log is updated throughout the course of the study as contacts are made.*

## A. FITBIT SUPPORT LOG

1. Date of 7-Day Call:  /  /  1a. Staff ID:

Contact Made?	a. Date of Contact:	b. Staff ID:	c. Contact Method:	d. Contact Initiated By:	e. Person Contacted:	f. Primary Nature of Contact:	g. Secondary Nature of Contact:
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**OPTIONS for Contact Method:**

- Phone
- Email
- In-person
- Zoom/Video Conferencing

**OPTIONS for Contact Initiated:**

- Field Center Staff
- Johns Hopkins Wearable Team
- Participant

**OPTIONS for Person Contacted:**

- Field Center Staff
- Johns Hopkins Wearable Team
- Participant
- Manufacturer (Fitbit)

**OPTIONS for Nature of Contact (Primary and Secondary):**

- General Question
- Results/Alerts Question
- Adherence
- Technology Question
- Device Malfunction