



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:

1b. Secondary Nature of Contact:

| 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: |
|------------------------------|---------------------|--------------|--------------------|--------------------------|----------------------|-------------------------------|---------------------------------|
| 2. <input type="checkbox"/> | | | | | | | |
| 3. <input type="checkbox"/> | | | | | | | |
| 4. <input type="checkbox"/> | | | | | | | |
| 5. <input type="checkbox"/> | | | | | | | |
| 6. <input type="checkbox"/> | | | | | | | |
| 7. <input type="checkbox"/> | | | | | | | |
| 8. <input type="checkbox"/> | | | | | | | |
| 9. <input type="checkbox"/> | | | | | | | |
| 10. <input type="checkbox"/> | | | | | | | |
| 11. <input type="checkbox"/> | | | | | | | |
| 12. <input type="checkbox"/> | | | | | | | |
| 13. <input type="checkbox"/> | | | | | | | |
| 14. <input type="checkbox"/> | | | | | | | |
| 15. <input type="checkbox"/> | | | | | | | |
| 16. <input type="checkbox"/> | | | | | | | |
| 17. <input type="checkbox"/> | | | | | | | |
| 18. <input type="checkbox"/> | | | | | | | |
| 19. <input type="checkbox"/> | | | | | | | |
| 20. <input type="checkbox"/> | | | | | | | |
| 21. <input type="checkbox"/> | | | | | | | |
| 22. <input type="checkbox"/> | | | | | | | |
| 23. <input type="checkbox"/> | | | | | | | |
| 24. <input type="checkbox"/> | | | | | | | |
| 25. <input type="checkbox"/> | | | | | | | |

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|------------------------------|--|--|--|--|--|--|--|
| 26. <input type="checkbox"/> | | | | | | | |
| 27. <input type="checkbox"/> | | | | | | | |
| 28. <input type="checkbox"/> | | | | | | | |
| 29. <input type="checkbox"/> | | | | | | | |
| 30. <input type="checkbox"/> | | | | | | | |
| 31. <input type="checkbox"/> | | | | | | | |
| 32. <input type="checkbox"/> | | | | | | | |
| 33. <input type="checkbox"/> | | | | | | | |
| 34. <input type="checkbox"/> | | | | | | | |
| 35. <input type="checkbox"/> | | | | | | | |

OPTIONS for Contact Method:

- Phone
- Email
- In-person
- In-person (participant’s home)
- Zoom/Video Conferencing

OPTIONS for Contact Initiated:

- Field Center Staff
- Johns Hopkins Wearable Team
- Participant
- Participant family member/proxy

OPTIONS for Person Contacted:

- Field Center Staff
- Johns Hopkins Wearable Team
- Participant
- Participant family member/proxy
- Manufacturer (Fitbit)

OPTIONS for Nature of Contact (Primary and Secondary):

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