Draft

Actigraphy

1 **Did the participant receive an actigraph?** ○ Yes   ○ No   *V9GETACT*

Watch Serial Number *V9WID*

What arm was watch worn on?
(should be non-dominant when possible)

- **1** ○ Left, non-dominant
- **2** ○ Left, dominant
- **3** ○ Right, non-dominant
- **4** ○ Right, dominant

Why not?
- ○ Refused   *V9SWRSN*
- ○ Cognitive Impairment
- ○ Physical/Medical Problem
- ○ No watch available/Schedule problem
- ○ Other _____

2 **Date watch given to participant:**
[ ][ ] / [ ][ ] / [ ][ ][ ][ ]
Month   Day   Year

3 **Date data was downloaded:**
[ ][ ] / [ ][ ] / [ ][ ][ ][ ]
Month   Day   Year

4 **How many nights were watch data collected?**
(record number of nights in .ami file) [ ] nights

5 **Was the sleep diary completed?**   ○ Yes   ○ No   *V9SDIARY*

6 **Did the participant feel the time spent wearing the sleep watch represented a normal pattern of sleep and activity?**   ○ Yes   ○ No   *V9NORACT*

V9ACTRSN

V9ACTIG

STUDY OF OSTEOPOROTIC FRACTURES

Draft