



	<u>Yes</u>	<u>No</u>	
5f. Any other reasons?.....	Y	N	Go to Item

List other reason \_\_\_\_\_

\_\_\_\_\_

6. How comfortable was it to wear the monitor?  
 Was it very comfortable, somewhat comfortable, somewhat uncomfortable, or very uncomfortable? .....

<u>A</u>		Very	comfortable
	Somewhat comfortable	B	
	Somewhat uncomfortable	C	
	Very uncomfortable	D	
	Not sure	E	

7. Would you agree to repeating this procedure in the future if asked to do so? .....	Yes	Y	Go to Item 9a
	No	N	

We are interested in knowing the reasons why you are not interested in repeating this procedure.

	<u>Yes</u>	<u>No</u>
8a. Was the monitor too noisy? .....	Y	N
8b. Did you sleep poorly because of the monitor? .....	Y	N
8c. Was the monitor painful? .....	Y	N
8d. Did the monitor cause any numbness, swelling, or bruising? .....	Y	N
8e. Would you not agree to repeat this procedure in the future because you couldn't continue your normal activities? .....	Y	N

8f. Or, because this procedure seemed unimportant? ..... Yes Y No N

8g. Are there any other reasons? (Specify) ..... Y N Go to Item 9a

Specify: \_\_\_\_\_  
 \_\_\_\_\_

9a. What time did you get up this morning? ..... 

		:		
--	--	---	--	--

 9b. AM A  
 P PM

10a. What time did you go to sleep last night? ..... 

		:		
--	--	---	--	--

 10b. AM A  
 P PM

11a. Did you remove the monitor during the 24-hour period? ..... Yes Y  
 No N

11b. Tell me, as best you can recall, what time the monitor was removed ..... 

		:		
--	--	---	--	--

 11c. AM A  
 PM P

11d. Did you reapply the monitor? ..... Yes Y  
Go to Item 12 No N

11e. At what time was the monitor reapplied ..... 

		:		
--	--	---	--	--

 11f. AM A  
 PM P

**ADMINISTRATIVE INFORMATION**

12. Date of data collection: ..... 

		/			/				
--	--	---	--	--	---	--	--	--	--

 m m d d y y y y

13. Method of data collection: ..... Computer C

14. Code number of person completing this form: ..... 

--	--	--

15. Did the monitor meet quality control? ..... Yes Y  
No N