

Post-Study Satisfaction Survey

ActiGraph and Fitbit Wear

January 10, 2017

Today's date : ____ / ____ / _____ (MM/DD/YYYY)

A. VISIT INFORMATION

1. Did you find the **Fitbit** easy to wear on your **wrist**?

0 No

1 Yes

If *no*, what made the device difficult to wear?

2. Were the instructions for how to wear the **Fitbit** on your **wrist** clear?

0 No

1 Yes

If *no*, what can we do to make the instructions more clear?

3. Did you experience any discomfort wearing the **Fitbit**?

0 No

1 Yes

If *yes*, please describe:

4. Did you find the **ActiGraph** easy to wear on your **wrist**?

0 No

1 Yes

If *no*, what made the device difficult to wear?

5. Were the instructions for how to wear the **ActiGraph** on your **wrist** clear?

0 No

1 Yes

If *no*, what can we do to make the instructions more clear?

6. Did you experience any discomfort while wearing the **Actigraph** on your **wrist**?

0 No

1 Yes

If *yes*, please describe:

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7. Did you find the **ActiGraph** easy to wear on your **waist**?

0 No

1 Yes

If *no*, what made the device difficult to wear?

8. Were the instructions for how to wear the **ActiGraph** on your **waist** clear?

0 No

1 Yes

If *no*, what can we do to make the instructions more clear?

9. Did you experience any discomfort while wearing the **Actigraph** on your **waist**?

0 No

1 Yes

If *yes*, please describe:

10. Were you satisfied with communication with the study staff?

0 No

1 Yes

11. Overall, were you satisfied with your participation in the study?

0 No

1 Yes

12. Is there anything study staff could have done to improve your experience?