

Heart Rate Monitor Log

OMB#: ####-#### EXP.DATE: ##/##/####

NOTIFICATION TO RESPONDENT OF ESTIMATED BURDEN

Public reporting burden for this collection of information is estimated to average 35 minutes for this questionnaire, including the time to review instructions, search existing data sources, gather and maintain the data needed, and complete and review the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a current, valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN:PRA (####-####).

**iDATA
Study**

Heart Rate Monitor Log

ID: _____

Day	Mon.- Sun)	Time out of bed in the morning	Time put monitor on	Time monitor removed	Time into bed for the night	the monitor was not worn. Include reason not worn.
1	/ /	___ : ___ am/pm	___ : ___ am/pm	___ : ___ am/pm	___ : ___ am/pm	___ : ___ am/pm ___ : ___ am/pm
2	/ /	___ : ___ am/pm	___ : ___ am/pm	___ : ___ am/pm	___ : ___ am/pm	___ : ___ am/pm ___ : ___ am/pm
3	/ /	___ : ___ am/pm	___ : ___ am/pm	___ : ___ am/pm	___ : ___ am/pm	___ : ___ am/pm ___ : ___ am/pm
4	/ /	___ : ___ am/pm	___ : ___ am/pm	___ : ___ am/pm	___ : ___ am/pm	___ : ___ am/pm ___ : ___ am/pm
5	/ /	___ : ___ am/pm	___ : ___ am/pm	___ : ___ am/pm	___ : ___ am/pm	___ : ___ am/pm ___ : ___ am/pm
6	/ /	___ : ___ am/pm	___ : ___ am/pm	___ : ___ am/pm	___ : ___ am/pm	___ : ___ am/pm ___ : ___ am/pm
7	/ /	___ : ___ am/pm	___ : ___ am/pm	___ : ___ am/pm	___ : ___ am/pm	___ : ___ am/pm ___ : ___ am/pm

Staff notes: _____