

Physical Activity Monitor Set-Up Instrument

|  |  |
| --- | --- |
| Event Category: | Time-Based |
| Event: | 36M, 48M, 60M |
| Administration: | N/A |
| Instrument Target: | Child |
| Instrument Respondent: | Primary Caregiver |
| Domain: | Environmental |
| Document Category: | Sample Collection |
| Method: | Data Collector Administered |
| Mode (for this instrument\*): | In-Person, CAI |
| OMB Approved Modes: | In-Person, CAI |
| Estimated Administration Time: | 10 minutes |
| Multiple Child/Sibling Consideration: | Per Child |
| Special Considerations: | N/A |
| Version: | 1.0 |
| MDES Release: | 4.0 |

\*This instrument is OMB-approved for multi-mode administration, but this version of the instrument is designed for administration in this/these mode(s) only.

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Physical Activity Monitor Set-Up Instrument

TABLE OF CONTENTS

[GENERAL PROGRAMMER INSTRUCTIONS: 1](#_Toc371515387)

[PHYSICAL ACTIVITY MONITOR SET-UP 3](#_Toc371515388)

[GPS MONITOR SET-UP 6](#_Toc371515389)

[PHYSICAL ACTIVITY AND GPS MONITOR WEAR LOG DISTRIBUTION 9](#_Toc371515390)

[PHYSICAL ACTIVITY AND GPS MONITOR SHIPPING INSTRUCTIONS 10](#_Toc371515391)

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Physical Activity Monitor Set-Up Instrument

GENERAL PROGRAMMER INSTRUCTIONS:

WHEN PROGRAMMING INSTRUMENTS, VALIDATE FIELD LENGTHS AND TYPES AGAINST THE MDES TO ENSURE DATA COLLECTION RESPONSES DO NOT EXCEED THOSE OF THE MDES. SOME GENERAL ITEM LIMITS USED ARE AS FOLLOWS:

|  |  |  |  |
| --- | --- | --- | --- |
| **DATA ELEMENT FIELDS** | **MAXIMUM CHARACTERS PERMITTED** | **DATA TYPE** | **PROGRAMMER INSTRUCTIONS** |
| ADDRESS AND EMAIL FIELDS | 100 | CHARACTER |  |
| UNIT AND PHONE FIELDS | 10 | CHARACTER |  |
| \_OTH AND COMMENT FIELDS | 255 | CHARACTER | * Limit text to 255 characters
 |
| FIRST NAME AND LAST NAME | 30 | CHARACTER | * Limit text to 30 characters
 |
| ALL ID FIELDS | 36 | CHARACTER |  |
| ZIP CODE | 5 | NUMERIC |  |
| ZIP CODE LAST FOUR | 4 | NUMERIC |  |
| CITY | 50 | CHARACTER |  |
| DOB AND ALL OTHER DATE FIELDS (E.G., DT, DATE, ETC.) | 10 | NUMERICCHARACTER | * DISPLAY AS MM/DD/YYYY
* STORE AS YYYY-MM-DD
* HARD EDITS:

MM MUST EQUAL 01 TO 12DD MUST EQUAL 01 TO 31YYYY MUST BE BETWEEN 1900 AND CURRENT YEAR. |
| TIME VARIABLES | TWO-DIGIT HOUR AND TWO-DIGIT MINUTE, AM/PM DESIGNATION | NUMERIC | * HARD EDITS:

HOURS MUST BE BETWEEN 00 AND 12; MINUTES MUST BE BETWEEN 00 AND 59 |

**Instrument Guidelines for Participant and Respondent IDs:**

PRENATALLY, THE **P\_ID** IN THE MDES HEADER IS THAT OF THE PARTICIPANT (E.G. THE NON-PREGNANT WOMAN, PREGNANT WOMAN, OR THE FATHER).

 POSTNATALLY, A RESPONDENT ID WILL BE USED IN ADDITION TO THE PARTICIPANT ID BECAUSE SOMEBODY OTHER THAN THE PARTICIPANT MAY BE COMPLETING THE INTERVIEW. FOR EXAMPLE, THE PARTICIPANT MAY BE THE CHILD AND THE RESPONDENT MAY BE THE MOTHER, FATHER, OR ANOTHER CAREGIVER. THEREFORE, MDES VERSION 2.2 AND ALL FUTURE VERSIONS CONTAIN A **R\_P\_ID** (RESPONDENT PARTICIPANT ID) HEADER FIELD FOR EACH POST-BIRTH INSTRUMENT. THIS WILL ALLOW ROCs TO INDICATE WHETHER THE RESPONDENT IS SOMEBODY OTHER THAN THE PARTICIPANT ABOUT WHOM THE QUESTIONS ARE BEING ASKED.

**A REMINDER:**

ALL RESPONDENTS MUST BE CONSENTED AND HAVE RECORDS IN THE PERSON, PARTICIPANT, PARTICIPANT\_CONSENT AND LINK\_PERSON\_PARTICIPANT TABLES, WHICH CAN BE PRELOADED INTO EACH INSTRUMENT. ADDITIONALLY, IN POST-BIRTH QUESTIONNAIRES WHERE THERE IS THE ABILITY TO LOOP THROUGH A SET OF QUESTIONS FOR MULTIPLE CHILDREN, IT IS IMPORTANT TO CAPTURE AND STORE THE CORRECT CHILD **P\_ID** ALONG WITH THE LOOP INFORMATION. IN THE MDES VARIABLE LABEL/DEFINITION COLUMN, THIS IS INDICATED AS FOLLOWS: **EXTERNAL IDENTIFIER: PARTICIPANT ID FOR CHILD DETAIL.**

PHYSICAL ACTIVITY MONITOR SET-UP

**(TIME\_STAMP\_PAM\_ST).**

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * INSERT DATE/TIME STAMP
* PRELOAD PARTICIPANT ID (**P\_ID**) FOR CHILD AND RESPONDENT ID (**R\_P\_ID**) FOR CAREGIVER.
* PRELOAD CHILD’SFIRST NAME (**C\_FNAME**) AND DISPLAY NAME FOR “C\_FNAME” THROUGHOUT DOCUMENT.
* USE “the child” IN APPROPRIATE FIELDS THROUGHOUT THE INSTRUMENT IF CHILD’S NAME IS REFUSED.
* IF **CHILD\_SEX**IN PVST INSTRUMENT = 1, DISPLAY “his”, “he”, OR “himself” IN APPROPRIATE FIELDS THROUGHOUT INSTRUMENT.
* IF **CHILD\_SEX** IN PVST INSTRUMENT = 2, DISPLAY “her”, “she”, OR “herself” IN APPROPRIATE FIELDS THROUGHOUT INSTRUMENT.
* PRELOAD **MULT\_CHILD** AND **CHILD\_NUM** (IF **MULT\_CHILD** = 1), FROM PVST INSTRUMENT.
* IF **MULT\_CHILD** = 1, PRELOAD **CHILD\_QNUM**
 |

**PAM01000/(STAFF\_ID).** ENTER STAFF ID

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STAFF ID

**PAM02000.** PHYSICAL ACTIVITY MONITOR BROCHURE AND WEAR LOG DISTRIBUTION

|  |
| --- |
| DATA COLLECTOR INSTRUCTIONS |
| * DISTRIBUTE THE PHYSICAL ACTIVITY BROCHURE AND PHYSICAL ACTIVITY AND GPS MONITOR WEAR LOG IN ACCORDANCE WITH THE PHYSICAL ACTIVITY MEASUREMENT SOP.
 |

**PAM03000/(MMS\_SETUP\_OKAY ).** We would like to place this physical activity monitor on {C\_FNAME/the child}’s wrist. The monitor should stay on for a week. It is waterproof so it can be worn in the shower or tub or when swimming. It does not need to be recharged. Is that okay?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 | PAM06000 |
| NO | 2 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| National Health & Nutrition Examination Survey (NHANES) (Modified) |

**PAM04000/(MMS\_REFUSE).** RECORD REASON FOR REFUSAL.

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NONE GIVEN | 1 | MMS\_SETUP\_COMMENTS |
| NOT INTERESTED IN PHYSICAL ACTIVITY MONITORING | 2 | MMS\_SETUP\_COMMENTS |
| DOES NOT WANT EQUIPMENT PUT ON CHILD | 3 | MMS\_SETUP\_COMMENTS |
| OTHER | -5 |  |

**PAM05000/(MMS\_REFUSE\_OTH).** SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * GO TO **MMS\_SETUP\_COMMENTS**
 |

**PAM06000.** PHYSICAL ACTIVITY MONITOR PLACEMENT INSTRUCTIONS

|  |
| --- |
| DATA COLLECTOR INSTRUCTIONS |
| * PLACE THE MONITOR ON THE SELECTED WRIST IN ACCORDANCE WITH THE PHYSICAL ACTIVITY MEASUREMENT SOP.
 |

**PAM07000/(MMS\_SETUP).** WERE YOU ABLE TO PLACE THE PHYSICAL ACTIVITY MONITOR ON THE CHILD’S WRIST?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 | SAMPLE\_ID |
| NO | 2 |  |

**PAM08000/(MMS\_NOT\_SETUP).** WHY WERE YOU NOT ABLE TO PLACE THE PHYSICAL ACTIVITY MONITOR ON THE CHILD’S WRIST?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| SUPPLIES/EQUIPMENT NOT AVAILABLE | 1 | MMS\_SETUP\_COMMENTS |
| EQUIPMENT PROBLEM | 2 | PAM10000 |
| RAN OUT OF TIME | 3 | MMS\_SETUP\_COMMENTS |
| CHILD UNCOOPERATIVE | 4 | MMS\_SETUP\_COMMENTS |
| REFUSAL | 5 | MMS\_SETUP\_COMMENTS |
| OTHER | -5 |  |

**PAM09000/(MMS\_NOT\_SETUP\_OTH).** SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * GO TO **MMS\_SETUP\_COMMENTS**
 |

**PAM10000.** PHYSICAL ACTIVITY MONITOR PROBLEM

|  |
| --- |
| DATA COLLECTOR INSTRUCTIONS |
| * COMPLETE THE ENVIRONMENTAL EQUIPMENT PROBLEM LOG.
 |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * GO TO **MMS\_SETUP\_COMMENTS.**
 |

**PAM11000/(SAMPLE\_ID).** PHYSICAL ACTIVITY MEASUREMENT SAMPLE ID

|E|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|-MT01

PHYSICAL ACTIVITY MEASUREMENT SAMPLE ID

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * ID MUST BE FORMATTED WITH TWO ALPHA 7 NUMERIC DASH MT01.
 |

**PAM12000/(EQUIP\_ID).** PHYSICAL ACTIVITY MONITOR ID

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| DATA COLLECTOR INSTRUCTIONS |
| * ENTER THE EQUIPMENT ID OF THE PHYSICAL ACTIVITY MONITOR
 |

**PAM13000.** PHYSICAL ACTIVITY MONITOR SET-UP DATE

**(MMS\_SET\_DATE\_MM)** MONTH:|\_\_\_|\_\_\_|

                 M    M

**(MMS\_SET\_DATE\_DD)** DAY:       |\_\_\_|\_\_\_|

                 D     D

**(MMS\_SET\_DATE\_YYYY)** YEAR:     |\_\_\_|\_\_\_|\_\_\_|\_\_\_|

                   Y    Y    Y    Y

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * DISPLAY HARD EDIT IF MM, DD OR YYYY ARE OUTSIDE OF THE CRITERIA DEFINED IN GENERAL PROGRAMMER INSTRUCTIONS.
 |

**PAM14000.** PHYSICAL ACTIVITY MONITOR SET-UP TIME

**(MMS\_SET\_TIME)** |\_\_\_|\_\_\_| : |\_\_\_|\_\_\_|

  H    H         M    M

**(MMS\_SET\_TIME\_UNIT)**

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| AM | 1 |  |
| PM | 2 |  |

**PAM16000/(MMS\_SETUP\_COMMENTS).** RECORD ANY COMMENTS ABOUT THE PHYSICAL ACTIVITY MONITOR PLACEMENT.

COMMENTS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(TIME\_STAMP\_PAM\_ET).**

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| INSERT DATE/TIME STAMP |

GPS MONITOR SET-UP

**(TIME\_STAMP\_GMS\_ST).**

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * INSERT DATE/TIME STAMP
 |

**GMS01000/(GPS\_SETUP\_OKAY).** We would also like to place this GPS monitor on {C\_FNAME/the child}’s waist. The monitor should be worn for a week. It is not waterproof so it cannot be worn in the shower, tub, or while swimming. Please take it off and set it near the child when {he/she} is in water or when {he/she} is sleeping. The monitor needs to be recharged every evening. Is that okay?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 | GMS04000 |
| NO | 2 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| National Health & Nutrition Examination Survey (NHANES) (Modified) |

**GMS02000/(GPS\_REFUSE).** RECORD REASON FOR REFUSAL.

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NONE GIVEN | 1 | GPS\_SETUP\_COMMENTS |
| NOT INTERESTED IN GPS MONITORING | 2 | GPS\_SETUP\_COMMENTS |
| DOES NOT WANT EQUIPMENT PUT ON CHILD | 3 | GPS\_SETUP\_COMMENTS |
| OTHER | -5 |  |

**GMS03000/(GPS\_REFUSE\_OTH).** SPECIFY:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * GO TO **GPS\_SETUP\_COMMENTS**
 |

**GMS04000.** GPS MONITOR PLACEMENT INSTRUCTIONS

|  |
| --- |
| DATA COLLECTOR INSTRUCTIONS |
| * PLACE THE GPS MONITOR ON THE SELECTED WAIST LOCATION IN ACCORDANCE WITH THE PHYSICAL ACTIVITY MEASUREMENT SOP.
 |

**GMS05000/(GPS\_SETUP).** WERE YOU ABLE TO PLACE THE GPS MONITOR ON THE CHILD’S WAIST?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 | SAMPLE\_1\_ID |
| NO | 2 |  |

**GMS06000/(GPS\_NOTSET\_UP).** WHY WERE YOU NOT ABLE TO PLACE THE GPS MONITOR ON THE CHILD’S WAIST?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| SUPPLIES/EQUIPMENT NOT AVAILABLE | 1 | GPS\_SETUP\_COMMENTS |
| EQUIPMENT FAILURE | 2 | GMS08000 |
| RAN OUT OF TIME | 3 | GPS\_SETUP\_COMMENTS |
| CHILD UNCOOPERATIVE | 4 | GPS\_SETUP\_COMMENTS |
| REFUSAL | 5 | GPS\_SETUP\_COMMENTS |
| OTHER | -5 |  |

**GMS07000/(GPS\_NOTSET\_UP\_OTH).** SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * GO TO **GPS\_SETUP\_COMMENTS**
 |

**GMS08000.** GPS MONITOR PROBLEM

|  |
| --- |
| DATA COLLECTOR INSTRUCTIONS |
| * COMPLETE THE ENVIRONMENTAL EQUIPMENT PROBLEM LOG.
 |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * GO TO **GPS\_SETUP\_COMMENTS.**
 |

**GMS09000/(SAMPLE\_1\_ID).** GPS MEASUREMENT SAMPLE ID

|E|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|-GP01

GPS MEASUREMENT SAMPLE ID

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * ID MUST BE FORMATTED WITH TWO ALPHA 7 NUMERIC DASH GP01.
 |

**GMS10000/(EQUIP\_1\_ID).** GPS MONITOR ID

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| DATA COLLECTOR INSTRUCTIONS |
| * ENTER THE EQUIPMENT ID OF THE GPS MONITOR
 |

**GMS11000.** GPS MONITOR SET-UP DATE

**(GPS\_SET\_DATE\_MM)** MONTH:|\_\_\_|\_\_\_|

                 M    M

**(GPS\_SET\_DATE\_DD)** DAY:       |\_\_\_|\_\_\_|

                 D     D

**(GPS\_SET\_DATE\_YYYY)** YEAR:     |\_\_\_|\_\_\_|\_\_\_|\_\_\_|

                  Y   Y      Y     Y

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * DISPLAY HARD EDIT IF MM, DD, OR YYYY ARE OUTSIDE OF THE CRITERIA DEFINED IN GENERAL PROGRAMMER INSTRUCTIONS.
 |

**GMS12000.** GPS MONITOR SET-UP TIME

**(GPS\_SET\_TIME)**  |\_\_\_|\_\_\_| : |\_\_\_|\_\_\_|

   H    H         M    M

**(GPS\_SET\_TIME\_UNIT)**

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| AM | 1 |  |
| PM | 2 |  |

**GMS14000/(GPS\_SETUP\_COMMENTS).** RECORD ANY COMMENTS ABOUT THE GPS MONITOR PLACEMENT:

COMMENTS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(TIME\_STAMP\_GMS\_ET).**

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * INSERT DATE/TIME STAMP
* IF **MMS\_SETUP**=2 AND **GPS\_SETUP** = 2, GO TO **TIME\_STAMP\_MSI\_ET.**
* OTHERWISE, GO TO **TIME\_STAMP\_PAA\_ST.**
 |

PHYSICAL ACTIVITY AND GPS MONITOR WEAR LOG DISTRIBUTION

**(TIME\_STAMP\_PAA\_ST).**

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * INSERT DATE/TIME STAMP
 |

**PAA01000.** PHYSICAL ACTIVITY AND GPS MONITOR WEAR LOG DISTRIBUTION

|  |
| --- |
| DATA COLLECTOR INSTRUCTIONS |
| * DISTRIBUTE AND EXPLAIN THE PHYSICAL ACTIVITY ANDGPS MONITOR WEAR LOG IN ACCORDANCE WITH THE PHYSICAL AVTIVITY MONITOR SOP.
 |

**PAA02000/(MLG\_LOG\_OKAY).** We would like to leave this log with you. It will come back with the physical activity monitors. Is that okay?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 | MLG\_LOG\_COMMENTS |
| NO | 2 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| New |

**PAA03000/(MLG\_LOG\_REFUSE).** RECORD REASON FOR REFUSAL.

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NONE GIVEN | 1 | MLG\_LOG\_COMMENTS |
| DOES NOT WANT TO FILL OUT A LOG | 2 | MLG\_LOG\_COMMENTS |
| OTHER | -5 |  |

**PAA04000/(MLG\_LOG\_REFUSE\_OTH).** SPECIFY:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PAA05000/(MLG\_LOG\_COMMENTS).** RECORD ANY COMMENTS ABOUT THE PHYSICAL ACTIVITY AND GPS MONITOR WEAR LOG DISTIBUTION ACTIVITY.

COMMENTS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(TIME\_STAMP\_PAA\_ET).**

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * INSERT DATE/TIME STAMP
 |

PHYSICAL ACTIVITY AND GPS MONITOR SHIPPING INSTRUCTIONS

**(TIME\_STAMP\_MSI\_ST).**

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * INSERT DATE/TIME STAMP
 |

**MSI01000/(MSI\_PARTICIPANT\_MAILBACK).** AT THIS VISIT, WILL THE PARTICIPANT BE ASKED TO MAIL BACK THE PHYSICAL ACTIVITY MONITORS AND LOG?

|  |
| --- |
| DATA COLLECTOR INSTRUCTIONS |
| * CHECK ROC EVENT SPECIFICATIONS.
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 | TIME\_STAMP\_MSI\_ET |

**MSI02000.** PHYSICAL ACTIVITY MONITOR SAQ AND SHIPPING INSTRUCTIONS DISTRIBUTION

|  |
| --- |
| DATA COLLECTOR INSTRUCTIONS |
| * DISTRIBUTE THE PHYSICAL ACTIVITY MONITOR SAQ AND PHYSICAL ACTIVITY AND GPS MONITOR SHIPPING INSTRUCTIONS IN ACCORDANCE WITH THE PHYSICAL ACTIVITY MONITOR SOP.
 |

**MSI03000/(MSI\_PARTICIPANT\_MAILBACK\_OKAY).** At the end of the week, we would like you to send the monitors, questionnaire, and log back to us. We have a kit with a pre-paid shipper to help you with that. Is that okay?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 | SHIPMENT\_TRACKING\_NUM |
| NO | 2 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| New |

**MSI04000/(MSI\_PART\_MAILBACK\_REFUSE).** RECORD REASON FOR REFUSAL.

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NONE GIVEN | 1 | KIT\_DISTRIB\_COMMENTS |
| WANTS DATA COLLECTOR TO PICK UP | 2 | KIT\_DISTRIB\_COMMENTS |
| TOO MUCH TROUBLE TO MAIL BACK | 3 | KIT\_DISTRIB\_COMMENTS |
| OTHER | -5 |  |

**MSI05000/(MSI\_PART\_MAILBACK\_REFUSE\_OTH).** SPECIFY:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * GO TO **KIT\_DISTRIB\_COMMENTS**
 |

**MSI06000/(SHIPMENT\_TRACKING\_NUM).** SHIPMENT TRACKING NUMBER:

TRACKING NUMBER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| DATA COLLECTOR INSTRUCTIONS |
| * DISTRIBUTE THE PHYSICAL ACTIVITY MONITOR SHIPPING KIT IN ACCORDANCE WITH THE PHYSICAL ACTIVITY MEASUREMENT SOP.
* ENTER THE SHIPMENT TRACKING NUMBER THAT IS PRINTED ON THE SHIPPING LABEL INCLUDED IN THE KIT.
 |

**MSI07000.** RECORD THE EXPECTED SHIPMENT DATE FOR THE MONITORS:

**(TARGET\_SHIP\_DATE\_MM)** MONTH:|\_\_\_|\_\_\_|

                 M    M

**(TARGET\_SHIP\_DATE\_DD)** DAY:       |\_\_\_|\_\_\_|

                 D     D

**(TARGET\_SHIP\_DATE\_YYYY)** YEAR:     |\_\_\_|\_\_\_|\_\_\_|\_\_\_|

                  Y    Y      Y    Y

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * DISPLAY HARD EDIT IF MM, DD OR YYYY ARE OUTSIDE CRITERIA DEFINED IN GENERAL PROGRAMMER INSTRUCTIONS.
 |

**MSI08000/(KIT\_DISTRIB\_COMMENTS).** RECORD ANY COMMENTS ABOUT DISTRIBUTING THE MONITOR SHIPMENT KIT.

COMMENTS:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(TIME\_STAMP\_MSI\_ET).**

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * INSERT DATE/TIME STAMP
 |