OMB NO: XXXX-XXXX Expiration Date: mm/dd/yyyy

Flexible Sleeper Berth – Weekly Check-In

Document nature of all contact between subject and research team (indicate date/time for each event).

DRIVER PARTICIPATION WEEK: Dates:// Weekly ELD Data Reviewed?														
								Notes:						
Actigraphy	y Data Reviev	ved												
Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7								
Notes:														
Smartphor	ne Data Revie	ewed												
Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7								
Notes:														

OMB NO: XXXX-XXXX Expiration Date: mm/dd/yyyy

Phone Contact Date/Time//:::
Contact RA:
Number of days on duty in the last 7 days?
Number of days using sleeper berth this week? Not using sleeper berth?
If not using sleeper berth, why:
Did you have any truck breakdowns this week?
Did you take any vacation days this week?
On how many duty days this week did you spend 10 or more consecutive hours of rest in your sleeper berth, compliant with the current HOS sleeper berth regulations?
On how many duty days this week did you spend 8 or more consecutive hours of rest in your sleeper berth with an additional 2 hours off duty, compliant with the 8+2 rule?
On how many duty days this week did you split your sleep, spending two rest periods in your sleeper berth, of at least 3 hours each and together totaling at least 10 hours, compliant with the flexible sleeper berth study allowance?
Did you wear the actigraph at all times (even while sleeping)?
Did anyone else drive your truck?
Did you have trouble with any of the study equipment this week?
Do you have any questions regarding the study or procedures?
Did anyone other than you use your smartphone, actigraph, or other study equipment?
If so, approximate date/time?
When did you last sync and charge your actigraph?
When did you last charge your study smartphone?
Notes:

	Expiration Date: mm/dd/yyyy
Compliance issues noted by RA:	

Notify Dr. Honn of compliance issues. These include, but are not limited to:

- Failure to meet the required minimum 10h total of rest time per duty period (by ELD or self-report), either through: 10h consolidated SB time, split SB totaling 10h, or 8+2 rule
- Extended (>1h) or undocumented removal of actigraph, other than for the purpose of charging
- Failure to complete 3 PVTs per day (4 when using flexible SB allowance)
- Failure to complete smartphone sleep/wake log
- No sleeper berth use documented in the past 7 days

OMB NO: XXXX-XXXX