**Attachment R: The Obesity & Type II Diabetes Risk Assessment Accelerometers (Adult)**

*If you require information to be presented in an accessible format or reasonable accommodations to participate in this study, please contact us with any specific requests by calling XXX-XXX-XXXX or emailing XXXX@XXXX.XXX. If you require language assistance to participate in this study, please contact us with any specific language assistance requests or needs.*

**Paperwork Reduction Act Burden Statement**

This collection of information is voluntary and will be used to evaluate the US Department of Housing and Urban Development’s Community Choice Demonstration. Public reporting burden for this collection of information is estimated to average 169 hours per response, including the time for reviewing instructions, gathering, and maintaining the data needed, and reviewing 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 currently valid OMB control number. The OMB number for this collection is OMB 2528-0337 which expires on XX/XX/XXXX. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to NAME at [XXXX@XXXXX.XXX](mailto:XXXX@XXXXX.XXX) or call XXX-XXX-XXXX.

**Privacy Act Statement**

**Authority:**  Section 502 of the Housing and Urban Development Act of 1970 (Public Law 91-609) (12 U.S.C. §§ 1701z-1; 1701z-2(d) and (g)).

**Purpose:**  Evaluation of the Community Choice Demonstration (CCD).

**Routine Use:**  The information will be used for the purpose set forth above and may be provided to Congress or other Federal, state, and local agencies, when determined necessary.

**Disclosure:**  Records will be used for research and statistical analysis and will not be used to make decisions that affect the rights, benefits, or privileges of specific individuals.

**SORN ID:** Community Choice Demonstration Evaluation Data Files, HUD/PDR-09

Note: Some study activities are being funded by the National Institute of Diabetes and Digestive and Kidney Diseases.

ActiGraph GT9X Accelerometer

MOVED Study Participant Information Sheet

* **What is an ActiGraph?**

An ActiGraph is like a pedometer – it measures physical activity by sensing motion. It can also detect your sleep. It is placed on your wrist with an adjustable band and worn like a wristwatch.

* **Why are we asking you and your child to wear one?**

We’re asking you and your child, to wear an ActiGraph so that we can get a better sense of your and your child’s physical activity throughout the week.

* **How long do I have to wear it?**

We will ask you and your child to wear the ActiGraph for 7 days in a row. It is **very important** that you do not take the ActiGraph off at any time during the 7 days so we can gather accurate information about your physical activity. However, you can take it off while swimming or submerging in water, like taking a bath. You may keep it on while showering. We will give you an envelope to return the ActiGraph in the mail after the 7 days are over. It will not cost you any money to mail back the envelope.

* **Where can it be worn?**

The ActiGraph can be worn throughout all activities. It is **water resistant** so it can be worn while taking a shower but **should be removed when swimming or submerging in water**. If at any point the ActiGraph becomes uncomfortable, please contact our team using the number below.

* **Will you be able to locate where I am wearing the ActiGraph?**

No. The ActiGraph does not contain a GPS or locating system. Its only purpose is to measure your physical activity and sleep.

* **Who can I contact with questions?**

You can call our study phone number [XXX-XXX-XXXX] for answers to your question about the ActiGraph.