OMB Clearance Number: 2528-0337
Expires: XX/XX/XXXX

Attachment M: The Obesity & Type II Diabetes Risk Assessment: Accelerometers – Follow-up (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 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: This information is being collected to evaluate changes in the housing quality and health and well-being of families who enrolled in the Community Choice Demonstration (CCD). Data collection will occur between January 2024 and June 2027.
Routine Use: Please refer to System of Record Notice.
Disclosure: Your participation in this information collection is voluntary and you can choose not to answer any question that is asked. Your responses will not affect your current or future receipt of housing assistance or other benefits. Some study activities are being funded by the National Institute of Diabetes and Digestive and Kidney Diseases.
SORN ID: Housing Choice Voucher (HCV) Mobility Demonstration Evaluation Data Files, PD&R/RRE 09

AX3 Accelerometer

MOVED Study Participant Information Sheet

- **What is an Accelerometer ?**

  An accelerometer 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 accelerometer 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 accelerometer for 7 days in a row. It is **very important** that you do not take the accelerometer 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 accelerometer 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 accelerometer 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 accelerometer becomes uncomfortable, please contact our team using the number below.

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

  No. The accelerometer 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 accelerometer.