

ACCELEROMETRY (F20)

Chronic Kidney Disease in Children (CKiD)

SECTION A: GENERAL INFORMATION

A1. PARTICIPANT ID: AFFIX ID LABEL OR ENTER NUMBER IF ID LABEL IS NOT AVAILABLE

|\_| - |\_|\_| - |\_|\_|\_|

A2. CKiD VISIT #: \_ \_

A3. FORM VERSION: 0 3 / 0 1 / 1 8

A4. DATE OF VISIT: \_ \_ / \_ \_ / \_ \_ \_ \_  
M M D D Y Y Y Y

A5. INTERVIEWER'S INITIALS: \_ \_ \_

A6. Is this study visit an irregular (accelerated) visit? Yes..... 1 No..... 2

A7. Indicate the person completing the form? Participant..... 1 Parent..... 2 Both..... 3

Instructions:

Participants who are five (5) years old or older are recommended for the Actigraph study.

Participants can wear the ActiGraph if they:

- are able to walk unassisted (i.e., not wheelchair bound, without crutches, cane or leg braces)
• have at least one hand without visible limitations (i.e., wearing cast/bandage, missing digits, paralysis)

A8. a. Are there any visible limitations to the participant's hands (missing arm or hand; hand paralysis; wearing a cast on wrist or hand; most of hand covered by bandages)?

No visible limitations..... 0
Visible limitation to right hand..... 1
Visible limitation to left hand..... 2
Visible limitation to both hands..... 3 -> (END FORM)

b. Does the participant have at least one hand without any visible limitations? (Place the Actigraph only if the participant has one hand without visible limitations)

Yes..... 1
No..... 2 -> (END FORM)

c. Is the participant in a wheelchair or needs assistance to walk (i.e., participant has crutches, cane or leg braces)?

Yes..... 1 -> (END FORM)
No..... 2

A9. a. Was the Actigraph device given to the participant (i.e., the Actigraph was placed on the participant or given to be placed on the participant at home)?

Yes..... 1 (Skip to B1)
No..... 2



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- A9. b. Please specify why the Actigraph device was not given to the participant (Circle "yes" to all that apply):
- |  | <u>Yes</u> | <u>No</u> |                     |
|--|------------|-----------|---------------------|
| 1. Participant/Family refused.....                     | 1          | 2         |                     |
| 2. Scheduling difficulties.....                        | 1          | 2         |                     |
| 3. Site decision (participant not good candidate)..... | 1          | 2         |                     |
| 4. Other.....  | 1          | 2         | → <b>(END FORM)</b> |

i. Specify: \_\_\_\_\_

The following procedure should be followed if the participant is to wear the ActiGraph:  
1. Provide the participant with instructions (refer to MOP Section 37)  
2. Ask participant to remove hand and wrist jewelry, and demonstrate how to place the device

**SECTION B: HANDEDNESS**

- B1. Are you right-handed, left-handed, or do you use both hands equally?
- |                             |    |
|-----------------------------|----|
| Right-handed.....           | 1  |
| Left-handed.....            | 2  |
| Use both hands equally..... | 3  |
| Too young to determine..... | 4  |
| Don't Know.....             | -8 |
- B2. We prefer you wear the watch on your other hand (i.e., non-dominant hand), but you may wear it on whichever hand you choose as long as you don't switch hands. On which hand do you prefer to wear the watch?
- |            |   |
|------------|---|
| Left.....  | 1 |
| Right..... | 2 |

**SECTION C: ACTIVITY**

- C1. Do you have school or work in the coming week?
- |          |                       |
|----------|-----------------------|
| Yes..... | 1                     |
| No.....  | 2 <b>(Skip to C4)</b> |
- C2. Please specify which days you will be attending school or work (please select all that apply):
- |                   |   |
|-------------------|---|
| a. Monday.....    | 1 |
| b. Tuesday.....   | 2 |
| c. Wednesday..... | 3 |
| d. Thursday.....  | 4 |
| e. Friday.....    | 5 |
- C3a. When does your typical school or work day begin? The school or work day would begin when you leave your house.
- \_\_\_\_\_ : \_\_\_\_\_ 1 = AM 2 = PM
- C3b. When does your typical school or work day end? The school or work day ends at the time when you return home.
- \_\_\_\_\_ : \_\_\_\_\_ 1 = AM 2 = PM
- C4. Do you participate in structured activities outside of school or work?
- |          |                       |
|----------|-----------------------|
| Yes..... | 1                     |
| No.....  | 2 → <b>(END FORM)</b> |

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C5. Please specify when structured activities occur outside of the school or work day in the upcoming week and how physically active you would rate each activity (please draw boxes for when each activity occurs and write in the level of activity). Examples of activities include sports, dance, community programs, church, work (if a student), or other after school programs. See example schedule on last page.

<b>Activity Codes:</b>	1 = Sedentary (e.g., sitting/reading)	3 = Moderately active (e.g. lots of walking)
	2 = Minimally active (e.g. some walking)	4 = Highly active (e.g., sweating, heavy breathing)

Time	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
6:00 AM							
6:30							
7:00							
7:30							
8:00 AM							
8:30							
9:00							
9:30							
10:00							
10:30							
11:00							
11:30							
12:00 PM							
12:30							
1:00 PM							
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5:00 PM							
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6:00							
6:30							
7:00							
7:30							
8:00							
8:30							
9:00							
9:30							
10:00							
10:30							
11:00 PM							
11:30							

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# SAMPLE

Time	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
6:00 AM							
6:30							
7:00							
7:30							
8:00 AM							
8:30							
9:00							
9:30							
10:00	1						
10:30							
11:00							
11:30							
12:00 PM							
12:30							
1:00 PM							4
1:30							
2:00							
2:30							
3:00							
3:30							
4:00							
4:30							
5:00 PM							
5:30							
6:00		2		2			
6:30							
7:00							
7:30							
8:00							
8:30							
9:00							
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11:00 PM							
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