

Acti-Core Intake Form

Date: _____

Study Title: _____

Project Nickname (to be used in correspondence): _____

Principle Investigator: _____

Telephone Number: _____ E-Mail Address: _____

Do you currently have IRB Approval? _____ Activity Number: _____

Request Description (ex. is actigraphy right for me, grant preparation, IRB preparation, study logistics consultation, Acti-Core budget quote, etc.):

Brief Project Description (ex. Looking at activity, pain and sleep in teens undergoing surgery):

Description of Study Sample (sample size, number of participants, number of time-points, recruitment goals and timeline, distribution of device- in-person/shipping, etc.):

Type of device you are interested in:

Actiwatch
Spectrum

GT3X

Actiwatch 2

If using the Actiwatch Spectrum or Actiwatch 2, we require your participants to complete an electronic daily sleep diary for scoring purposes. Would you like assistance in setting these up?

Yes

No

Additional Notes: _____

How did you hear about the Acti-Core? _____

Please return this form to the Acti-Core:
acticore@seattlechildrens.org