



SLEEP HEART HEALTH STUDY

DATA ENTRY GUIDE

Field Site ID: CLINIC

Participant ID#: PPTID

Alpha Code: SHHS _ _ _

Date form initiated: FORMDATE - 2 / 0 / 0

Visit ID Code: F 0 2 VISIT

Form & revision: D G 2 FORMREV

Form sequence #: FORMSEQ

Instructions: Check only forms collected at this data collection visit

1. What type of data collection visit is being done? dg301

PSG home visit ₁

Home visit without PSG ₂

No home visit ₃

1a.

"Date hookup" from SV form:
dg301a

"Date form initiated" from HI form:
dg301a

"Date of final contact" in item 1 of CF form:
dg301a

dg302

2. AA

dg303

3. AE

dg304

4. CF

dg305

5. EC

dg306

6. ET

dg307

7. HI

dg308

8. MD

dg309

9. MS

dg310

10. PM

dg311

11. QL

dg312

12. SC

dg313

13. SE

dg314

14. SH

dg315

15. SS

dg316

16. SV

Yes No Pending

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Yes No Pending

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