

Participant ID: _____

Flexible Sleeper Berth – Weekly Check-In

Document nature of all contact between subject and research team (indicate date/time for each event).

DRIVER PARTICIPATION WEEK: _____

Dates: ____/____/____ – ____/____/____

Weekly ELD Data Reviewed? _____

Notes: _____

Actigraphy Data Reviewed

Day 1 ____ Day 2 ____ Day 3 ____ Day 4 ____ Day 5 ____ Day 6 ____ Day 7 ____

Notes: _____

Smartphone Data Reviewed

Day 1 ____ Day 2 ____ Day 3 ____ Day 4 ____ Day 5 ____ Day 6 ____ Day 7 ____

Notes: _____

Phone Contact Date/Time ____ / ____ / ____ : ____

Contact RA: _____

Number of days on duty in the last 7 days? _____

Number of days using sleeper berth this week? _____ Not using sleeper berth? _____

If not using sleeper berth, why: _____

Did you have any truck breakdowns this week? _____

Did you take any vacation days this week? _____

On how many duty days this week did you spend 10 or more consecutive hours of rest in your sleeper berth, compliant with the current HOS sleeper berth regulations? _____

On how many duty days this week did you spend 8 or more consecutive hours of rest in your sleeper berth with an additional 2 hours off duty, compliant with the 8+2 rule? _____

On how many duty days this week did you split your sleep, spending two rest periods in your sleeper berth, of at least 3 hours each and together totaling at least 10 hours, compliant with the flexible sleeper berth study allowance? _____

Did you wear the actigraph at all times (even while sleeping)? _____

Did anyone else drive your truck? _____

Did you have trouble with any of the study equipment this week? _____

Do you have any questions regarding the study or procedures? _____

Did anyone other than you use your smartphone, actigraph, or other study equipment? _____

If so, approximate date/time? _____

When did you last sync and charge your actigraph? _____

When did you last charge your study smartphone? _____

Notes: _____
