

ID# \_\_\_\_\_

STUDY DATE \_\_\_\_\_

### DATA COLLECTION CHECKLIST

BED \_\_\_\_\_ ROOM \_\_\_\_\_

#### Review of data:

check (✓) and initial

List missing data

\_\_\_ HQ \_\_\_\_\_ (question#)

\_\_\_ WHQ \_\_\_\_\_ (question#)

\_\_\_ SEQ \_\_\_\_\_ (question#)

\_\_\_ MEAS \_\_\_\_\_ (question#)

\_\_\_ CIRC \_\_\_\_\_ (question#)

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check (✓) and initial

\_\_\_ 1<sup>st</sup> Tech reviewed questionnaires

\_\_\_ 2<sup>nd</sup> Tech reviewed questionnaires

\_\_\_ Missing data completed

\_\_\_ AM/PM Evaluation completed

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**I verify that all questionnaire data collection is complete.**

\_\_\_\_\_  
Signed (1<sup>st</sup> Tech)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signed (2<sup>nd</sup> Tech)

\_\_\_\_\_  
Date