

Investigating the usefulness of sleep and activity insight generation system

Screening Form

I voluntarily provide these data to the research team following my decision to check my eligibility to participate in the project “Investigating the usefulness of sleep and activity insight generation system”:

- 1) Full Name: _____
- 2) Age: _____
- 3) Do you have any known conditions that might cause learning difficulties?(yes/no): _____
- 4) Do you have an Android phone with at least 1GB free space left: _____
- 5) Do you know how to install mobile applications from Play store?:

Signature