IMMERSE

Implementing Mobile MEntal health Recording Strategy for Europe

H2020 - 945263

D3.1	**Data Management Plan**
Dissemination level[1]	**PU**
Contractual date of delivery	31.03.2023
Actual date of delivery	06.04.2023
Type[2]	R
Work package	3
Work package lead	Thomas Ganslandt

[1] **Please choose the appropriate reference:**
PU = Public, fully open, e.g. web;
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Document history

Version	Date	Changes
1	**06.10.2021**	**Initial release**
2	**06.04.2023**	**Added phase II information and detailed lists of datasets for both phases**

List of abbreviations

- DMMH: Digital Mobile Mental Health
- CSV: Comma-Separated Values
- DMP: Data Management Plan
- eCRF: electronic Case Report Form
- EDC: Electronic Data Capture
- ESM: Experience Sampling Methodology
- FAIR: Findable, Accessible, Interoperable, Reusable
- FHIR: Fast Healthcare Interoperability Resources
- HL7: Health-Level 7 Organization
- JSON: Java Script Object Notation
- NASSS: non-adoption, abandonment, scale-up, spread, and sustainability

Table of contents

1. Summary

This data management plan (DMP) describes how data and artifacts generated in the IMMERSE project will be managed during the funding period and a consecutive archiving period. It details the processes for collection, metadata annotation and deposition according to the FAIR guiding principles [2]. It also describes a process for requesting data and artifacts and deciding on such requests. An inventory of datasets and artifacts is provided in the Appendix.

The initial release of the Data Management Plan covers data generated during phase I of IMMERSE. The DMP will be updated to cover phase II as well as updates to the data management policies throughout the funding period.

The second release of the DMP adds the description of phase II data capture and datasets.

2. Deliverable Report: D3.1 Data Management Plan

2.1. Data Summary

2.1.1. Purpose of data collection

The IMMERSE project aims to enable person-centered care in mental health through innovative digital health tools. It will leverage Experience Sampling Methodology (ESM) as a structured diary technique within a Digital Mobile Mental Health (DMMH) tool and evaluate its implementation in a study across 4 European countries.

In phase I, a cross-sectional participatory field study will be carried out to investigate contextual factors, processes and structures for implementing the DMMH intervention. The phase I study consists of a questionnaire (part A) and qualitative semi-structured interviews (part B) of service users, clinicians, service users' support network, healthcare system administrators and managers. Participants for phase I will be recruited at 8 clinical sites in 4 European countries. Phase I will yield a dataset of contextual factors (i.e. barriers, facilitators, catalysts) that may influence the implementation and outcome of the DMMH intervention, based on the NASSS implementation science framework (non-adoption, abandonment, scale-up, spread, and sustainability) [3].

Data generated in phase I will be used for informing the requirements gathering, implementation and evaluation of the DMMH intervention in phase II.

During the phase II trial, the DMMH intervention will be rolled out to services users and clinicians to (1) investigate its reach, effectiveness, adoption, implementation and maintenance, (2) determine relevant usage and implementation factors based on the NASSS framework and (3) investigate economic costs of implementing DMMH interventions. The objectives are described in detail in the Clinical Investigation Plan (CIP) of the phase II trial.

2.1.2. Data types and formats

The IMMERSE project will generate a diverse set of large-scale data including

- during phase I (cross-sectional participatory field study)
    - questionnaire and semi-structured interview data
    - audio files of interviews (if permission to record has been given) and transcripts of interviews
- during phase II (multi-center, parallel-group cluster randomized controlled trial)

- patient self-documentation based on the Experience Sampling method (self-reported momentary mental states and symptoms) through the MoMent App
- eCRF data collected by the investigators during the trial through the MaganaMed platform
- audio files of interviews (if permission to record has been given) and transcripts of interviews collected locally at each study site
- mobile sensing data (e.g. steps, physical activity, app usage, geolocation) captured through the Movisens app
- machine-learning models derived from phase II data for subject-level prediction

Phase I

Questionnaires will be captured in fully anonymized form. The data generated in the semi-structured interviews will be pseudonymized. Lists of pseudonyms and participant names will be maintained locally at the clinical sites. Qualitative data will be extracted from interview transcripts locally at the clinical sites in a way that minimizes re-identification risks. Data capture will be carried out with a REDCap electronic data capture platform [1] hosted at a suitable service provider (e.g. Heidelberg University Computing Center) either through participant self-entry or entry by project staff of paper forms received by the clinical sites. Qualitative data from the semi-structured interviews will be extracted based on a coding scheme, and the resulting pseudonymized transcripts and structured data uploaded into REDCap. The codebooks used for the extraction of qualitative data will be archived as linked artifacts with the resulting datasets. Any identifiable data, interview audio recordings (if permission to record was given) and transcripts will remain at the clinical sites for local archiving in a locked room or cabinet for a duration of 10 years after the funding period.

See appendix 4.1 for details regarding the specific datasets captured during phase I.

Phase II

Data capture during phase II will occur in pseudonymized form, based on informed consent by enrolled service users, clinicians and managers/system administrators. Pseudonymization occurs at screening of participants based on local enrollment logs maintained at each participating site. Data capture will be carried out using the following modalities:

- electronic case report forms: eCRFs will be captured through the Magamaned service by direct entry at each participating site. See section 4.2 for a list of the instruments captured through the eCRF
- MoMent App: at enrollment, participants will be provided with the MoMent App, which will collect ESM data by prompting the participants to regularly fill out short forms at specified time points
- DMMH Dashboard: participating clinicians use the Dashboard to configure the DMMH intervention; the Dashboard also collects usage data
- movisensXS application: at enrollment, participants will be provided with the movisensXS app, which captures several sensor and mobile device usage parameters and can prompt users to fill out short forms at specified time points
- semi-structured interviews will be carried out, with identical handling of the recordings, transcripts and analysis data to phase I

The eCRF and interviews will be documented using the pseudonym defined at study enrollment. Separate system-specific pseudonyms will be used in the MoMent App/Dashboard and the movisensXS App, respectively. These pseudonyms are documented in the eCRF to enable linkage of

collected data through the different modalities. Primary data storage occurs in export formats generated by the modalities:

- eCRF: Excel for form definitions and CSV for form content
- MoMent App/Dashboard: JSON
- movisensXS: JSON

Structured data will be transformed to interoperable HL7 FHIR data structures as defined in the Implementation Guide (Deliverable D3.2) for long-term archiving.

See appendix 4.2 for details regarding the specific datasets captured during phase II.

2.1.3. Re-use of existing data

Data from prior research will be used in phase I to inform the study protocol, data items and analysis. It is currently envisaged to re-use data from the following projects:

- The IMPROVE trial (KU Leuven): IMPROVE is a pilot study including both qualitative and quantitative data on the implementation of ESM as a clinical instrument in clinical practice. Both clinician and service-user data are available.
- TRAK study Edinburgh: TRAK is a pilot trial including ESM monitoring of early symptoms and contextual stressors in two populations of Young People at Ultra High Risk for developing psychosis and Young People with a first episode psychosis, including test of efficacy of inbuild micro interventions.
- Dartmouth Student Life project (https://studentlife.cs.dartmouth.edu)
- ESM data from prior projects to be used for training the ML algorithms: existing ESM data-sets in clinical populations (including individuals with psychosis or with general distress) are available to train the ML algorithms.

Data re-use for phase II will be added in a future revision of this document.

2.1.4. Data utility

Little is currently known about the uptake on usability of ESM in patient populations as well as service providers. Information gathered in phases I and II of IMMERSE will be of high interest to researchers interested in implementing ESM or similar interventions in the mental healthcare field.

2.2. FAIR Data

The IMMERSE project is committed to apply the FAIR guiding principles [2] for making all datasets and artifacts generated throughout the project available for scientific re-use based on metadata annotation, long-term archiving, interoperable data formats and a transparent application and access process.

2.2.1. Making data findable and accessible

Participant data

Phase I: During the informed consent process, participants can choose whether they want to provide their data only for IMMERSE, or (additionally) for future research beyond the project scope. Consent will be stored in structured form in the REDCap database. Provision of participant data for research beyond the original project scope will be subject to explicit consent.

Naming conventions

Within the IMMERSE projects, a strict naming convention for datasets and variables will be maintained. All datasets will be labeled with a technical identifier of the form "<WP#>-<Project phase>-<Abbreviation>" and a human readable free text description. All data items will be labeled with a short English language technical abbreviation and a human readable free text description.

Unique Identifiers and Version numbers

All datasets and artifacts will receive an internal unique identifier. Upon publication or archiving, a persistent unique identifier (e.g. DOI) will be assigned. A clear versioning scheme will be maintained for datasets. Provisioning of datasets during the project funding period will be implemented with a checkout system that tracks data requests, including versioning of subsequent exports of updated datasets within a data use project. After the end of the funding period, the checkout system will be replaced with a long-term research data archive and catalog.

For software artifacts developed in IMMERSE, a semantic versioning scheme will be maintained. Version control of the source code will be enabled with a code revision system (e.g. Git), including changelogs that describe notable changes between versions. Code repositories must not contain personally identifiable information (PII), including trained machine learning models that could potentially leak PII.

Metadata and Search Keywords

All datasets, data elements, valuesets and artifacts will be annotated with suitable metadata based on internationally adopted, openly available terminologies. Suitable terminologies include MeSH (Medical Subject Headings), ICD10-WHO (International Classification of Diseases), DSM V (Diagnostic & Statistical Manual of Mental Disorders), NIMH RDoC (National Institute of Mental Health Research Domain Criteria) and LOINC (Logical Observation Identifiers Names and Codes). SNOMED CT was considered for additional semantic annotation but not included at this time due to licensing aspects. This selection of metadata terminologies is not exhaustive and will be extended in accordance to requirements collected throughout the project.

For eCRFs, metadata annotations will be implemented within the REDCap platform and included in the CDISC ODM export. These metadata annotations will ensure findability of IMMERSE datasets and artifacts through search functions of the project research database and archiving platform.

Licensing and Open Access

All Datasets and Artifacts generated throughout IMMERSE will be assigned a license by the Data Governance Board. It is planned to use the Creative Commons CC BY-NC-ND 4.0 License as a default unless a different license is chosen by the Data Governance Board due to specific requirements of a dataset or artifact, or licensing requirements e.g. of a publication. The CC BY-NC-ND 4.0 license allows use of a work with attribution for noncommercial purposes. It prohibits direct sharing of IMMERSE datasets with third parties or creation of derivative works. Movisens GmbH related artifacts are exempted from the default license due to commercial valorization. Access to datasets will be subject to individual approval of the Data Governance Board as described below, including aspects of ethics and data protection for person-identifiable datasets.

Data repository

Phase I data will be maintained on the REDCap platform during the funding period and deleted from the production server at project end. After finalization of data capture and database lock, phase I data will be exported for archiving in the standardized CDISC ODM format, including the eCRF definitions, data entered and audit trail.

Phase II data will be hosted on the project research database during the funding period. The specification for the research database will be made available as part of Deliverable D3.2 at project month 12. The research database will include an automated check-out system for providing data to IMMERSE project members and external collaborators.

Phase I and II data will be exported in standardized interoperable and openly available formats for deposition in the long-term research data archive at a service provider that can fulfill the above mentioned technical and organizational measures. The archive will provide facilities for assignment of persistent identifiers as well as searching for assigned metadata. Data will be archived for 10 years after the end of the funding period.

Personally identifiable information (PII, e.g. patient/pseudonym lists, interview recordings, unedited transcripts) will be archived in encrypted form at the recruiting sites according to local legal requirements and good scientific practice.

Data Governance Policy and Board

A data governance policy is provided as a separate document alongside this data management plan. It defines a data governance board (DGB) composed of the members of the Steering Committee, which is in charge of receiving and deciding on data use requests both from within the project and external collaborators. Data access will be granted in a two-layered access model as follows:

a) data use requests of IMMERSE project members within the scope of the project (*primary use*): de-identified data will be made available through the automated check-out system of the IMMERSE research database. To submit a data use request, researchers have to pre-register their research hypothesis based on the Open Science Framework with the associated data set(s) to answer the a priori defined research questions. Upon approval by the DGB, a timestamped, limited dataset is generated that contains only the required data elements and released to the researchers
b) data use requests of external collaborators or of project members outside the original scope of the project (*secondary use*): in addition to the above stated criteria, applications will have to satisfy the following conditions:
    - affiliation to a recognized research institution
    - qualification to undertake the proposed analyses
    - compatibility of proposed study with IMMERSE objectives
    - compatibility of proposed study with the consent requirements
    - required ethical obligations have been met
    - scientific merit of proposed study (clarity, novelty and scientific excellence)
    - applicants' privacy and confidentiality policy and security measures are adequate
    - applicants' institution has approved and signed a Data Access Agreement

Data users through layer b) have to provide interim reports on the use of IMMERSE data to the DGB on a yearly basis and on finalization of their data use project (e.g. by providing a publication).

To facilitate the data governance process, an electronic application process has been established based on a REDCap eCRF. The eCRF provides a structured way for data use applicants to describe their intended data use project, facilitate review by the Data Governance Board and record the status of each request.

2.2.2. Making data interoperable & reusable

The IMMERSE project is committed towards using interoperable, internationally adopted and openly available standards for its data structures. Questionnaire data will be deposited in the CDISC ODM format, including eCRF definitions, data entered and audit trails. For mobile sensing data, it is planned to implement HL7 FHIR profiles. The specification has been made available in Deliverable D3.2 (Implementation Guide).

2.2.3. Increase data re-use

Plan for data re-use

The IMMERSE project will make this data management plan publicly available through its project website. Data re-use will be included in the projects dissemination plan and fostered through data publishing. It is planned to increase awareness of available datasets by publishing detailed descriptions on the project website. Deposited datasets will be made available through the data catalog of a suitable long-term research data archiving service provider (e.g. Heidelberg University Computing Center). If feasible, linkage between publicly available datasets and IMMERSE datasets will be explored e.g. through shared attributes and coding schemes. IMMERSE will evaluate a potential participation with the GO FAIR initiative.

Quality assurance processes

Measures for assuring the quality of data captured through the phase I and II trials are outlined in the respective study protocols. The accuracy of transformations from source formats to interoperable HL7 FHIR data structures will be verified and documented.

2.3. Allocation of resources

The IMMERSE budget contains sufficient funding for storing data and artifacts generated throughout the project duration at a suitable long-term research data archiving provider (e.g. Heidelberg University Computing Center) for a duration of 10 years after the project ends.

2.4. Data security

The REDCap platform will be hosted securely at Heidelberg University computing center according to GDPR requirements and current best practices. Specific Technical and Organizational Measures (TOMs) will be put in place to protect the confidentiality, integrity and availability of personally identifiable data, which will include:

- physical access control:
    - access to server rooms hosting consortium servers will be restricted to authorized staff
- system access control:
    - access to systems will be restricted to authorized staff
    - user system passwords will have to satisfy a defined password policy regarding length & strength of passwords
    - two-factor authentication (e.g. cryptographic key or token) will be used when technically feasible ○ local and network-based firewalls
    - encryption of filesystems
    - timely installation of available updates to systems & applications
- application & data access control:
    - access to applications & datasets will be restricted to authorized staff with role-based permissions

    - user application passwords will have to satisfy a defined password policy regarding length & strength of passwords
    - two-factor authentication (e.g. cryptographic key or token) will be used when technically feasible
- transfer control:
    - restriction of data exports to authorized roles ○ audit log of data exports
    - policy for safely erasing physical media used for exports
- data entry control:
    - restriction of data entry to authorized roles
    - audit log of data entry, changes and deletions
- data availability:
    - backup policy with nightly encrypted backups
- data separation:
    - separation of identifying and medical data with pseudonymous storage of medical data

2.5. Ethical aspects

For the phase I and II trials, ethics aspects are described in the respective study protocols. For secondary use of phase I and II data, access to the datasets is subject to ethics approval and conformance to participant consent obtained on enrollment into the respective study as well as approval of the individual data use requests by the Data Governance Board.

2.6. Conclusions

This data management plan describes the overall strategy, policy and technological platform for capturing, processing and making data & artifacts available throughout the funding period of IMMERSE and a subsequent archiving period. It strives to implement the FAIR guiding principles for sharing research data. It is a living document that will be updated through the project duration to address any changes to the data management lifecycle in the project.

3. References

1. Harris PA, Taylor R, Minor BL, Elliot V, et al. The REDCap consortium: Building an international community of software platform partners. J Biomed Inform. 2019;95:103208. doi: 10.1016/j.jbi.2019.103208.
2. Wilkinson MD, Dumontier M, Aalbersberg I, Appleton G et al. The FAIR Guiding Principles for scientific data management and stewardship. Sci Data. 2016;3:160018. doi: 10.1038/sdata.2016.18.
3. Greenalgh T, Wherton J, Papoutsi C, Lynch J et al. Beyond Adoption: A New Framework for Theorizing and Evaluating Nonadoption, Abandonment, and Challenges to the Scale-Up, Spread, and Sustainability of Health and Care Technologies. J Med Internet Res. 2017;19(11):e367. doi: 10.2196/jmir.8775.

4. Appendices

Sections 4.1 and 4.2 list the datasets and/or artifacts generated in the phase I and II studies, respectively. Detailed codebooks for each instrument are made available on request.

4.1. Inventory of datasets & artifacts in Phase I

- Datasets captured through eCRF platform (REDCap)

Nr	eCRF Name	Content description
1	Start	Information page
2	Start_selection	Country selection
3	Startpage	Detailed information page in participant language
4	Consent	Consent for participation
5	Consent Data Use	Consent for different aspects of data use
6	Demographics	Participant demographics
7	Technology use	Modalities and attitudes towards use of technology
8	Privacy	Attitudes towards data privacy
9	Admin Specific Demographics	Demographic details for administrative users
10	Supporter Specific Demographics	Demographic details for supporting? person
11	Clinician Specific Questions?	Demographic and occupational details for clinicians
12	Patient Specific Questions	Demographic details for patients
13	PAM-MH	Self report about own mental health and mental health care of patients
14	Shared Decision Making Patient	Patients' opinion on decision-making with their clinicians about mental health
15	Shared Decision Making Clinician	Clinicians' opinion on decision-making with their patients about mental health

16	ORCA	Opinion on clinical management in their organization
17	PSS-I	Feelings and thoughts during last month of patients
18	Usability Self Tracking	User experiences with app for self tracking app of mental health
19	Usability EHR	User experiences with software for Electronic Health Record
20	Implementation Patient	Expectation and implementation ideas related to using DMMH-App from the patients' perspective
21	Implementation Supporter	Expectation and implementation ideas related to using DMMH-App from supporting person's perspective
22	Implementation Clinician	Expectation and implementation ideas related to using DMMH-App from clinicians' perspective
23	Implementation Admin	Expectation and implementation ideas related to using DMMH-App from administrative users' perspective

- Phase I semi-structured interview artifacts

Nr	Artifact name & description
1	Interview Guide
2	Qualitative Coding Scheme
3	Raw Interview Recordings (if permission to record was given) - local storage at sites
4	Raw Interview Transcripts - local storage at sites
5	Extracted Pseudonymized qualitative data (in progress)

4.2. Inventory of datasets & artifacts in Phase II

- Datasets captured through eCRF platform (Maganamed)

Nr	eCRF Name	Content description
1	Adverse Events (Clinican rating)	occurrence of adverse events in study/trial participants (reported by clinician)
2	Adverse Events (Researcher rating)	occurrence of adverse events in study/trial participants (reported by researcher)
3	Adverse Trial effects	client's level of adversity in participation (reported by client)
4	AE_C_01	short screening question about occurrence of adverse events in study/trial participants, to decide to show the Questionnare Adverse Events
5	Brief Experiential Avoidance Questionnaire (BEAQ)	assessment of behavior and emotion related to experiential avoidance
6	Childhood Trauma Questionnaire (CTQ)	childhood maltreatment in adults
7	Clinical Global Impression (Clinician rating)	Clinical Global Impression of the client (reported by clinician)
8	CSRI	experience with mental health services, medication, and informal care in the last 2 months
9	CSRI_BE	belgian participants' experience with mental health services, medication, and informal care in the last 2 months
10	CSRI_GE	german participants' experience with mental health services, medication, and informal care in the last 2 months

11	CSRI_SK	slovak participants' experience with mental health services, medication, and informal care in the last 2 months
12	Demographics (Clinicians)	demographic informations of clinicians
13	Demographics (Patients)	demographic informations of patients
14	Diagnosis	diagnosis according to ICD-10
15	Emotion Regulation	subjective difficulty level in emotion regulation (reported by client)
16	EQ-5D-5L_1	health-related quality of life especially about mobility
17	EQ-5D-5L_2	health-related quality of life especially about self-care
18	EQ-5D-5L_3	health-related quality of life especially about usual activities
19	EQ-5D-5L_4	health-related quality of life especially about pain and discomfort
20	EQ-5D-5L_5	health-related quality of life especially about anxiety and depression
21	EQ-5D-5L_6	health-related quality of life today
22	ESM Debriefing	participation status in ESM period
23	Family History	family mental health history
24	General Health Questionnaire (GHQ)	client's current mental health (reported by client)
25	Goal Attainment Scale	individual's goals in consultation (reported by patient?)
26	Informed consent	informed consent
27	Kind of participant	participant information
28	List of Threatening Events (LTE)	list of significant and threatening events of client in the last 6 months (reported by client)

29	MANSA	quality of life focusing on satisfaction with life domains (reported by client)
30	Mental Health self-management questionnaire (MHSEQ)	self-management behaviors of mental health difficulties (reported by client)
31	MTUAS	media and technology usage and attitudes of client (reported by client)
32	New clinican	information about whether there has been a new treating clinician
33	Options	whether the participant is willing to answer optional questions on meaningful events in his/her life.
34	ORCA	assessment of overall site readiness to improve patient care service
35	Questionnaire on Process of Recovery (QPR)	assessment of meaningful aspects of recovery
36	Reflective Functioning	ability to understand one's own and others' behavior in relation to mental states (reported by client)
37	Revised Green Paranoid Thought Scale (RGPTS)	assessment of paranoid ideas in social reference and persecution
38	Screening Checklist	brief screened information about the client's suitability for study participation
39	SDMQ (Clinician rating)	assessment of shared decision making in consultation reported by clinician
40	SDMQ (Patient rating)	assessment of shared decision making in consultation reported by patient
41	Self-injurious Behavior (T0)	Self-injurious Behavior at the time of the enrollment
42	Self-injurious Behavior (T1)	Self-injurious Behavior 2 months after the enrollment
43	Self-injurious Behavior (T2)	Self-injurious Behavior 6 months after the

		enrollment
44	Self-injurious Behavior (T3)	Self-injurious Behavior 12 months after the enrollment
45	Service Attachment Questionnaire (SAQ)	extent of individuals' attachment to clinical service (reported by patient)
46	Service characteristics	Information related to his/her work team
47	Service characteristics (Finance)	Information related to the cost of his/her facility
48	Service characteristics (Teamleads)	Teamlead's perception/opinion of his/her work team
49	Service Engagement Scale (Clinician rating)	engagement level of client (reported by clinician)
50	Service Engagement Scale (Researcher rating)	engagement level of client (reported by researcher)
51	Smartphone_Doc ESM Randomization	participation information related to the participation-ID and smartphone
52	Social Functioning Scale	assessment of client's social relationships (reported by client)
53	TAPS Tool	use of substances including tobacco, marijuana, and alcohol (reported by client)
54	UCLA Loneliness Scale	subjective feelings of loneliness and social isolation (reported by client)
55	Working Alliance (Clinician rating)	clinician's subjective feeling and thoughts about experiences with his/her client and their therapy (reported by clinician)
56	Working Alliance (Patient rating)	client's subjective feeling and thoughts about experiences with his/her clinician and their therapy (reported by client)

- Datasets captured through movisensXS questionnaire & sensing platform

Nr	Dataset Name	Content description
1	GeolocationObservation	Anonymized Geolocation Tracks of Service Users
2	ActivityObservation	Categorized Physical Activity Tracks of Service Users
3	StepsObservation	Steps taken by Service Users
4	DeviceOnOffObservation	Device Status Tracks of Service Users (on/off)
5	DisplayOnOffObservation	Display Status Tracks of Service Users (on/off)
6	AppUsageObservation	Categorized App Usage Tracks of Service Users
7	NotificationObservation	Notification Usage Tracks of Service Users
8	ESM	Experience Sampling Method items

- ESM Datasets captured through MoMent App platform

Nr	ESM Form Name
1	Scheduling
2	The core module for daily beeps
3	Therapy Goals
4	Key Problem Areas
5	Additional Mood Items
6	AddOn Modules:Psychopathology:(Hypo)manic symptoms
7	AddOn Modules:Psychopathology:Distress / Trauma
8	AddOn Modules:Psychopathology:Eating Difficulties
9	AddOn Modules:Psychopathology:OCD
10	AddOn Modules:Psychopathology:Psychosis:Delusion
11	AddOn Modules:Psychopathology:Psychosis:Negative Symptoms
12	AddOn Modules:Psychopathology:Psychosis:Positive symptoms
13	AddOn Modules:Psychopathology:Somatic symptoms (Pain)

14	AddOn Modules:Psychopathology:Substance abuse
15	AddOn Modules:Psychopathology:Suicide:Self-Injury
16	AddOn Modules:Psychopathology:Suicide:Suicidal thoughts and behaviour
17	AddOn Modules:Transdiagnostic:Behaviour:Aggression
18	AddOn Modules:Transdiagnostic:Behaviour:Impulsivity
19	AddOn Modules:Transdiagnostic:Behaviour:Medication
20	AddOn Modules:Transdiagnostic:Behaviour:Meditation
21	AddOn Modules:Transdiagnostic:Behaviour:PhysicalActivity
22	AddOn Modules:Transdiagnostic:Behaviour:Threat Anticipation
23	AddOn Modules:Transdiagnostic:Emotion Regulation
24	AddOn Modules:Transdiagnostic:Self Thoughts:Experiential Avoidance
25	AddOn Modules:Transdiagnostic:Self Thoughts:Reflective Functioning
26	AddOn Modules:Transdiagnostic:Self Thoughts:Repetitive Negative Thinking