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MEASURING SLEEP BY WRIST ACTIGRAPH

ANNUAL REPORT

Daniel F. Kripke, John B. Webster, Daniel J. Mullaney, Sam Messin, and William Mason

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Current results now allow us to specify design criteria for a miniaturized wrist-mounted activity monitor suitable for field or combat use.

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SUMMARY

A convenient method of monitoring personnel sleep and activity in field conditions is needed to promote medical planning for modern combat.

In the period from April 1980-March 1981, we have programmed, tested, and begun evaluations of a wearable digital activity system, and ~ ve refined a computer process for recognizing sleep from this system. __gether, these efforts enable us to collect data from freely ambulatory subjects which can be scored automatically for sleep/wake with accuracy comparable to EEG scoring. The system is ready for miniaturization leading to field use. WITTER RESEARCH WARNER

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Current results now allow us to specify design criteris for a miniaturized wrist-mounted activity monitor suitable for field or combat use.

FORWORD

For the protection of human subjects the investigator has adhered to policies of applicable Federal Law 45CFR46.

INTRODUCTION

Sleep loss and combat fatigue are increasing concerns for the modern army. A future war is likely to be extremely brief and intense, with victory and defeat determined in a few days or weeks. Soldiers using technically sophisticated modern weaponry will have little time for sleep, and plans must be made to enable personnel to perform effectively throughout the duration of a combat of unprecedented intensity. American troops may have to enter combat immediately after airlift to remote parts of the world, and plans must be developed to minimize the effects of jet-lag on personnel performance.

Military medicine therefore needs a practical method of quantifying sleep both to design personnel strategies and for potential monitoring of troops in actual field deployments.

Traditional physiologic methods for monitoring sleep through EEG-EOG-EMG recordings are completely impractical in actual or simulated combat settings, and subjective monitoring has been shown to be unreliable (1). In addition, both physiologic measures and observational methods for measuring sleep are costly, and considerable time is necessary to quantify sleep by scoring polygraph records.

We are developing a wrist activity monitoring technique as a solution to these problems.

Employing Delgado's (2) telemetric activity recording device, Kupfer et al (3) and Foster et al (4,5) described the use of activity data for quantifying sleep and assessing sleep quality in humans. Encouraged by the high correlations between EEG and actigraphic estimates of sleep -- 0.84 and 0.88 in two separate studies (6,7) -- Kripke et al (8) developed a system in which a piezoceramic activity transducer worn on a watchband recorded wrist activity onto a Medilog cassette tape recorder worn on a belt. With this transducer, Kripke et al (8) obtained a correlation of 0.98 between sleep duration determined from wrist activity and the EEG in five subjects.

A more exhaustive study of 63 nights of normal subjects and 39 nights in hospital patients with various sleep disorders was conducted under the first year of our contract (DAMD-17-78-C-8040, 1978-1979). All-night recordings of wrist activity, EEG, EMG and EOG were collected simultaneously on a 4-channel cassette. Each minute was scored as either sleep or wake by one rater using only activity data, and a second rater using only EEG-EOG-EMG data. The raters agreed on 94.5% of the minutes (96.3% for non-patients). Estimates of each subject's total sleep time with the two methods were correlated 0.89 (0.95 for non-patients). These results indicate that the wrist actigraphic analog recording contains sufficient information to produce a highly reliable scoring of sleep.

Having shown that sleep can be id ntified from activity data, we proposed in 1979 to design a 2-part sleep monitoring system. A digital activity monitor, consisting of an activity transducer incroprocessor and digital memory, would be worn on the wrist. A portable readout device, also microprocessor based, would read and reset the monitors, then interpret their data and generate a sleep report.

To realize this design, a first priority was to establish the optimal design, orientation and placement for the activity transducer. We found the piezo-ceramic transducer used in our previous research to be more sensitive than other available transducers and to be adequately omnidirectional. We also found the wrists to be more active than an ankle or the head, and therefore a better site for locating a transducer. The choice of wrists does not seem crucial, but the non-dominant wrist seems slightly superior (e.g., the left wrist).

Having established optimal transducer design characteristics, we turned our attention to digitizing, preprocessing and storing activity data. As reported in our 1979-1980 report, we found that digitizing at 240 Hz and summing every four digital conversions cancelled 60 Hz noise which sometimes contaminates activity recordings. We also found that a preprocessing algorithm which emphasized <u>changes</u> in activity level provided the best data for automatic sleep recognition. Our 1979-1980 report described our approach to empirically developing an algorithm to recognize sleep from digitized activity data. The further refinement of that approach, and its implementation in a wearable system will be described below.

FURTHER PROGRAM DEVELOPMENTS

Method

Data were obtained from subjects participating in studies involving EEG recording during both wake and sleep. A wrist activity transducer signal was sampled during both wake and sleep. The wrist activity transducer signal was sampled by the analog-to-digital (A/D) converter of our laboratory computer system at a conversion rate of 240 Hz. The analog data was digitized and stored as described in our 1979-1980 report, but only the optimal preprocessing transformation selected in that report was used in data analysis. A total of 20 records (13,488 minutes) were analyzed.

Development of the sleep recognition algorithm began with expressions incorporation a weighted sum of combinations of the digital data with potential for discriminating sleep from wake. Specifically, the expression took the form:

 $D = S \times (W_1T_1 + W_2T_2 + W_3T_3 + W_4T_4 + W_5T_5 + W_6T_6)$

where S was a scale factor, W's were weights, and:

- $T_1 =$ the sum of the digital activity values for all 30 2-second data epochs in a minute,
- T_2 = the activity value for the single most active epoch,
- T₃ = the sum of the activity values in the two most active epochs separated by at least 30 seconds,
- T_{L} = the sum of the activity values in the most active 8 epochs.

Terms T_5 and T_6 were themselves weighted sums of term T_1 over the preceding 4 and following 2 minutes:

 $T_{5} = W_{51} T_{1,i-1} + W_{52} T_{1,i-2} + W_{53} T_{1,i-3} + W_{54} T_{1,i-4}$ $T_{6} = W_{61} T_{1,i+1} + W_{62} T_{1,i+2}$

where T_{1,i-1} is the maximal epoch value for the preceding minute, T_{1,i+1} for the following minute, etc.

A minute was scored 'wake' if $D \ge 1.0$. For each given combination of weights, a range of weights (W) and scale factors (S) was substituted into the above expression for each minute, and the resulting sleep/wake score for all minutes. The proportion of minutes for which the automatic score and EEG score agreed was then computed for each scale value, and the maximum agreement served as a retrospective measure of the effectiveness of the weighting. The computer program (Appendix 1) varied the weighting of one term at a time, and searched for the combination of weights which produced the highest agreement.

As preliminary results became available, it became apparent that better agreement was obtained when $W_1 = W_3 = W_4 = 0$, i.e., the maximal epoch value in each minute was the best discriminator of sleep and wake. This unexpected result was extremely fortunate, since it permitted reducing the data required for sleep scoring by an order of magnitude compared to our prior expectation. We had expected that all 2-second epoch values for each minute would have to be stored.

Accordingly, a second expression was developed:

 $D = S \times (W_1 T_{2,i-4} + W_2 T_{2,i-3} + W_3 T_{2,i-2} + W_4 T_{2,i-1} + W_5 T_{2,i} + W_6 T_{2,i+1} + W_7 T_{2,i+2})$

where W's represent weights and T₂, represents the maximal epoch value (T₂ in the previous expression) for the corrent minute, $T_{2,i-1}$ for the previous minute, $T_{2,i+1}$ for the succeeding minute, etc. Again, the computer varied the weighting and compared the resulting sleep/wake score with the EEG score until maximal agreement was obtained.

Seventeen of the 20 records were used in the algorithm development phase described above. The reamining three records were scored prospectively, i.e. each of the three records was scored individually with the single weighting and scale factor found optimal in the development phase. In this test, the laboratory computer simulated the actual deployment of an automatic sleep scoring system, with the results compared to EEG scoring.

Results

The optimal algorithm reached after analysis of the 17 records was:

$$D = .025 \times (.15T_{2,i-4} + .15T_{2,i-3} + .15_{2,i-2} + .08T_{2,i-1} + .21T_{2,i} + .12T_{2,i+1} + .13T_{2,i+2})$$

where $T_{2,i}$ represents the maximal epoch value in minute i, etc. If D \geqslant 1.0, the minute vas scored 'wake', otherwise 'sleep'. The best retrospective agreement between sleep/wake scored automatically with this algorithm and scoring from

EEG records was 94.46% -- that is, 94.46% of all minutes from the 17 subjects were in agreement with the 'true' sleep/wake score. Agreement scores and the proportion of the record scored as sleep by EEG and by the automatic algorithm for each individual subject are shown in Table 1. Again, it should be noted that this is retrospective agreement, the data for these individuals already having been used to select the optimal algorithm.

The ability of this algorithm to score sleep/wake prospectively was tested with the remaining three records. For these records, only the single expression found optimal in the algorithm development phase was chosen prospectively to automatically score sleep/wake. Overall agreement of these three records with EEG scoring was 96.02%. Agreement and the proportion of each individual record scored sleep by both procedures is also shown in Table 1.

In order to understand the remaining shortcomings of the automatic sleep/ wake scoring algorithm, data for all minutes mis-scored were listed and compared with the paper record. In general, the conditional probability of mis-scoring wake as sleep was higher (.062) than mis-scoring sleep as wake (.039). A major reason for the higher probability of mis-scoring wake was the tendency of some subjects to lie in bed quietly for up to half an hour before falling asleep, while generating alpha-frequency EEG. On the other hand, while most examples of mis-scoring sleep were due to the presence of activity during sleep, the source of error in these cases was not so much a failure of the actigraphic scoring concept as a problem with the 1-minute scoring epoch chosen for this study. Many of the 'activity during sleep' errors actually represented arousals, but the EEG record showed that the period of wakefulness was less than the one-half minute required to score a 1-minute epoch as wake.

Since mis-scoring occurred in both directions, the estimates of total sleep duration were better than might be inferred from the minute-by-minute agreement figures. The correlation coefficient between the proportion of the record scored as sleep automatically from activity and as hand-scored from EEG were r=0.9889 (for the 17 records scored retrospectively) and r=0.9982 (for the 3 prospective records). Thus, the automatic scoring represents the relative duration of sleep extremely accurately. Since sleep duration is the dimension of sleep most crucial to sustaining performance, we feel that the automatic sleep recognition procedure described here represents a very effective scoring technique.

A further test conducted with these data sought to determine the resolution in the stored data necessary to achieve these levels of accuracy. The digital activity value was stored on disk as a 16-bit word, i.e. a number in the range of 0-32767. To investigate the resolution requirement, the sleep recognition program was repeated with the same data, but the resolution was reduced by dividing by powers of 2 and truncating. There was no decrease in agreement with 4-bit data (0-15) and a decrease of only 0.1% with 3-bit data (0-7). This surprising result is important, since it means that more data can be stored in a given memory capacity of the wearable activity monitor, providing appropriate scale factors are chosen.

TESTING THE DIGITAL ACTIVITY MONITOR

In our original proposal to produce a wearable digital activity monitor, we suggested a design in which the signal from a piezo-ceramic activity transducer would be entered through an analog-to-digital converter into an IM6100 microprocessor, and the processed activity values stored in random-access memory. All electronic components of this proposed system would be CMOS for mipimal power consumption.

As noted in cur 1979-1980 Annual Report, we found that these components could be assembled by the Vitalog Corporation*. After extensive discussions with Vitalog, we ordered a procetype monitor consisting of an IM6100 microprocessor, IM6001 Parallel Interface Element, 6K x 12 RAM memory, 512 word EPROM memory, 8-channel A/D converter, crystal clock and an LED indicator light. The unit is powered by rechargeable 5.6 volt batteries. It is enclosed in a 15 cm x 9 cm x 5½ cm plastic case. Vitalog also provided an interface between the monitor and our Apple microcomputer.

After receiving the monitor, we designed and built an external transducer incorporating a piezo-ceramic element, a photocell, a battery and amplification circuitry necessary to match the A/D input requirements. (The photocell was i cluded to permit an objective measure of "lights out" and "lights on" and potentially to investigate sleep onset latency.) This external transducer, 7 cm x 4 cm x 2 cm, is worn on a wrist band like a watch. It is attached to the monitor by a cable. A schematic diagram of the transducer circuitry is presented as Figure 1.

Having assembled and tested the monitor system, we began by investigating its technical capabilities. One very important technical consideration was the useful life of the battery charge, since this limits the duration of a recording session. Battery drain was found to be 3.4 mA when the processor was halted and 8.5 mA when running. Since in most applications the processor is idling much of the time, a third state (WAIT) can be entered which keeps the processor running, but not executing instructions, at a drain of about 5.2 mA. The battery life was found to be 70 hours at 8.5 mA (running continuously) and 180 hours at 5.2 mA (running with WAIT). We subsequently devised a system for changing batteries without disturbing the recording, removing this limit to recording duration. We also investigated the accuracy of the crystal clock, and found chat it lost 1.2 seconds each hour, well within acceptable limits. While considerable improvement in battery life can probably be obtained in any future model, the Vitalog system already demonstrates the feasibility of powering a microprocessorbased wrist activity monitor.

The majority of our effort in preparing the monitor system for use has been in development of a monitor program to direct the collection and storage of activity data. The algorithms for converting the continuous analog signal from the activity transducer to a value representing activity for each minute were equivalent to those discussed above. The monitor program that was ultimately developed, trated, and used to collect digital activity records digitized the signal from the transducer at 240 Hz, and 4 consecutive values were summed to provide a measure of activity free of 60 Hz noise. The sum was then transformed

*Vitalog Corporation, 1056 California Avenue, Palo Alto, CA 94306.

to a difference score, and 120 such scores summed to produce an activity value for each 2-second data epoch. Every minute, the greatest 2-second activity value in that minute was stored. A voltage indicating the illumination level of the photocell was also digitized and stored each minute and a time code was signaled through the LED. The monitor program (Appendix 2) fills 548 memory locations, leaving 5696 locations available for data storage. This allows us to store two 12-bit data words (activity and illumination) each minute for 47 hours and 28 minutes. Since 4-bit resolution would be adequate, up to ε times this duration or about 12 days sleep data could be stored were the illumination data sacrificed and battery changes feasible. のと言いたのと、「「語語語」

For test recordings, where it is necessary to compare digital a livity records with EEG recordings, the LED was coupled through a receiving biotocell to the polygraph to provide a time reference each minute on the piece second. The EEG recordings were scored, and both EEG and activity monitor scores were transferred to our laboratory computer system. To date, 25 laboratory recordings totalling over 27,000 minutes have been collected, and le have been fully analyzed retrospectively. Results are presented in Table 2. Ketrospective agreement of these 14 records (12,739 minutes) is 93.6% with EEG scoring. The correlation coefficient between the proportion of each record scored as sleep by the two techniques is r=.9760.

In the final months of cur 1980-1981 contract year, we plan to analyze a series of activity-monitored nights with prospective scoring to complete validation of our sleep scoring methodology. In addition, we will prepare a complete technical specification of the methodology from which a microminiaturized monitor wearable entirely on the wrist could be built. Our Vitalog digital monitor is fully programmable and in no way limited by the program described above. Any number of control programs could be written to record activity or illumination data differently and to monitor other functions through the unused A/D channels. These extended capabilities of the instrument can be utilized in our proposed 1981-1982 contract. CONCLUSION

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Mullaney, Kripke and Messin (9) have shown that a trained scorer can score wrist activity data for sleep/wake with accuracy approaching EEG scoring. In the present study, we have shown that wrist activity data can be digitized and scored automatically by computer with no loss in accuracy. Mullaney et al estimated that their activity scoring system was 5 to 10 times less costly than EEG scoring, and that the marginal decrease in accuracy was more than compensated by the greater amount of data that could be collected for a given expense. We feel that the automatic scoring system described here further improves the cost-benefit relationship by replacing the largely mechanical analog recording and playback system, including the polygraph, with an all-digital system. Automatic scoring is accomplished in seconds, eliminating the hours of skilled labor needed for writing out a polygraph record and the many minutes needed for visually scoring the record. Elimination of a scorer further reduces costs and for the first time makes the identification of sleep and wake fully objective, without the many opportunities for error and variability presented by human scoring. We are continuing with further algorithm refinements and testing, but it is unlikely much improvement can be obtained over the current results, nor is much improvement needed.

As of March, 1981, we have completed the major technical goals of our contract. Specifically, we have designed, built, tested, and evaluated a wearable digital activity monitor usable for sleep/wake scoring. Preliminary validation studies (using a retrospective technique) produced a r=.9760 correlation of automatic scoring of total sleep duration versus LEG scoring. This far exceeds our 90% design specification. Our technical development has been extremely successful. Addging from our experience with the same algorithm utilized with the laboratory computer, we believe there will be little or no degradation of validity in prospectively scored records, nevertheless, we are completing prospective validation in the remaining months of our 1980-1981 contract. In addition, we will submit an exact technical specification giving hardware and software specifications for a miniaturized microprocessor-controlled activity monitor. With this specification, a miniaturized monitor wearable entirely on the wrist could be designed and produced with currently available technology.

A miniaturized wrist-mounted sleep monitor could be used in field trials or in actual combat to monitor the fatigue and sleep-loss of Army troops.

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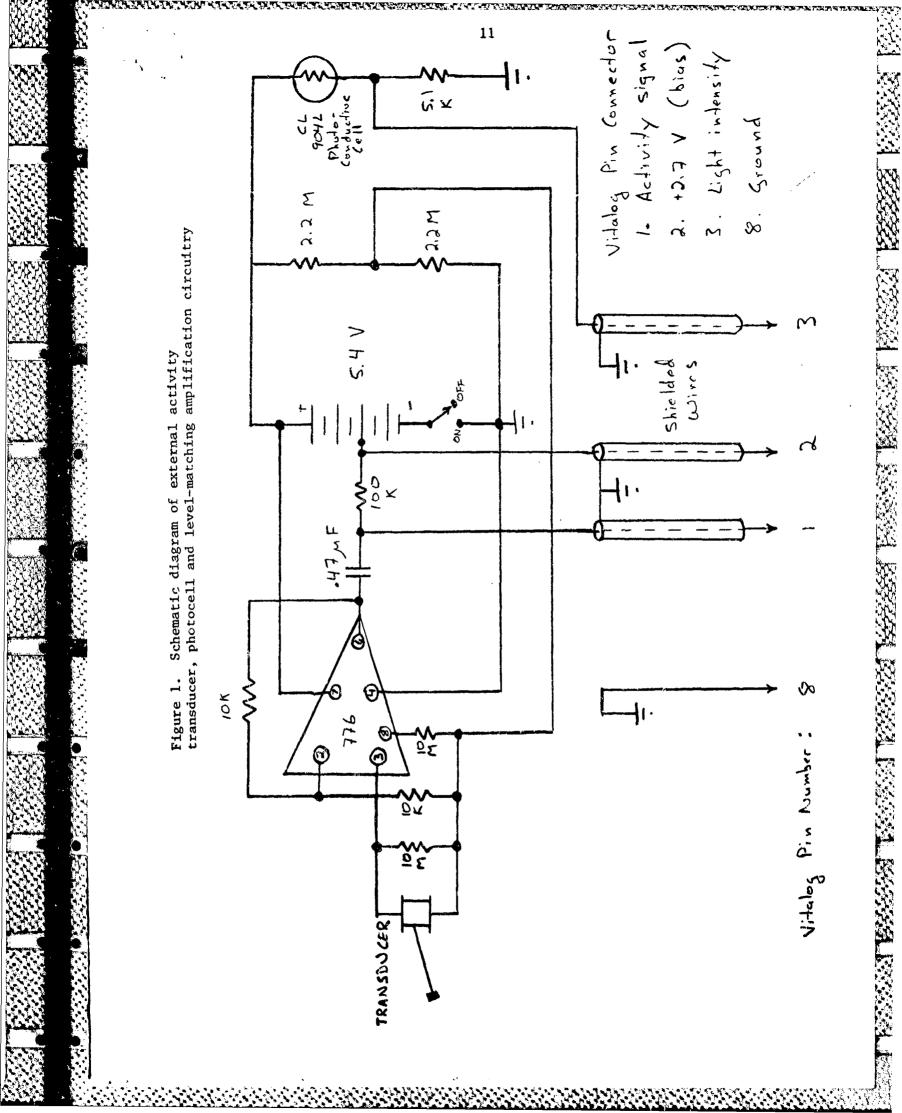


TABLE 1

Subject	Recording Duration (minutes)	% Agreement	% Sleep (EEG)	% Sleep (Act.)
1	353	97.17	0.00	2.83
2	574	96.17	45.47	46.86
3	632	95.89	56.80	59.65
4	903	63.82	29.57	34.33
5	660	97.42	54.55	56.21
6	798	95.36	41.73	44.11
7	845	96.80	37.99	40.95
8	1129	96.19	30.65	31.62
9	644	96.89	50.47	51.40
10	553	88.79	56.06	48.10
11	371	96.77	92.72	95.96
12	527	96.96	14.99	16.13
13	226	89.82	93.81	93.36
14	673	91.98	50.67	45.62
15	593	95.78	56.49	59.36
16	829	91.19	40.17	47.77
17	692	94.08	15.17	20.18
Tot	al			
Retrospec	tive 11002	94.46	42.09	43.98
18	369	93.50	70.19	76.69
19	846	93.62	28.84	31,68
20	<u>127</u> 1	98.35	36.82	37.69
Tot	al			
Prospec	tive 2486	96.02	39.06	41.39

Table 1. Record duration, proportion of the record for which hand-scored EEG and automatically scored activity scores agree, and proportion of the record scored as sleep by the two techniques. Total duration and overall proportions for the records scored retrospectively and those scored prospectively are also presented.

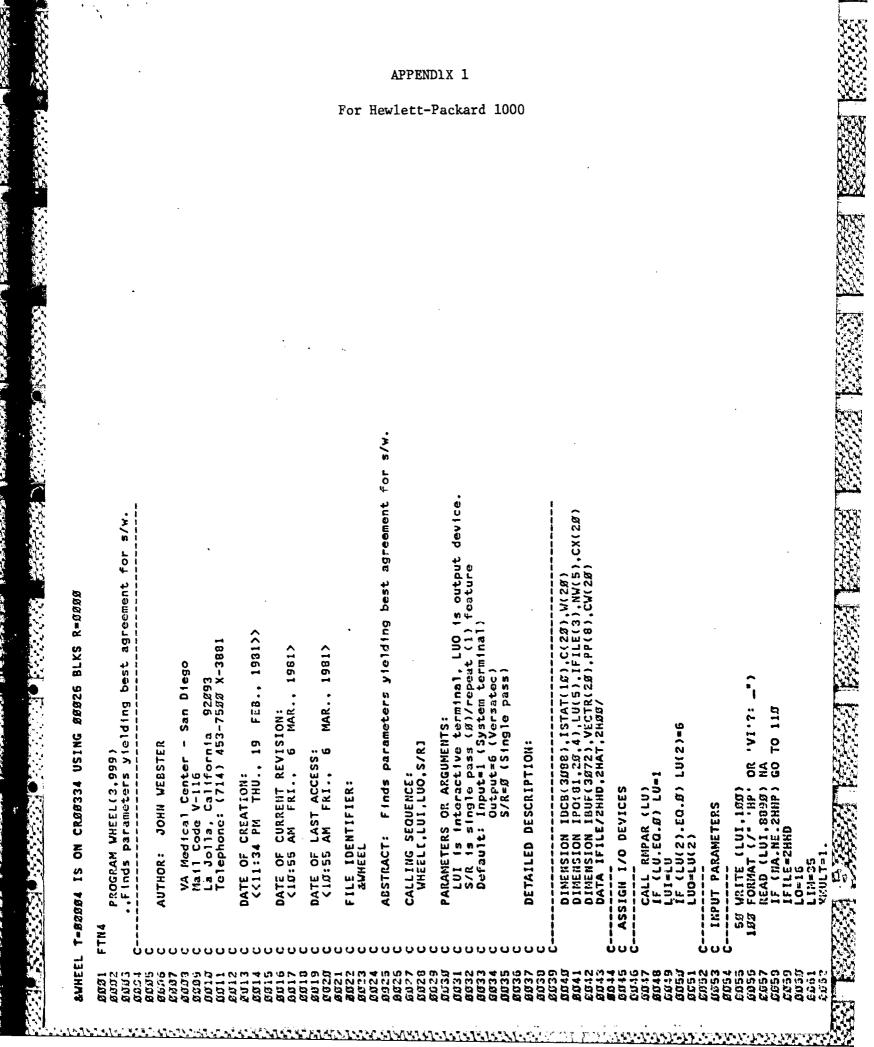
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Subject	Recording Duration	% Agreement	% Sleep (EEG)	% Sleep (Act.)
1	366	89 . 92	85.71	95.80
2	2847	95.67	18.68	20.89
3	1472	97.95	24.27	25.91
4	2848	96.90	20.61	23.42
5	461	90.93	97.35	92.70
6	344	95.52	97.61	97.31
7	465	83.55	88.16	79.61
8	500	91.65	91.85	88 . 39
9	502	91.89	90.06	85.19
10	487	92.68	96.03	96.65
11	483	94.39	82.70	97.05
12	503	83.20	81.58	93.52
13	1100	92.12	35.47	39.32
14	487	90.17	89.33	98.33
Total				
Retrospec	tive 12739	93.61	46.38	48.87

Table 2. Record duration, proportion of the record for which hand-scored EEG and automatically scored activity scores agree, and proportion of the record scored as sleep by the two techniques. Total duration and overall proportions are also presented.

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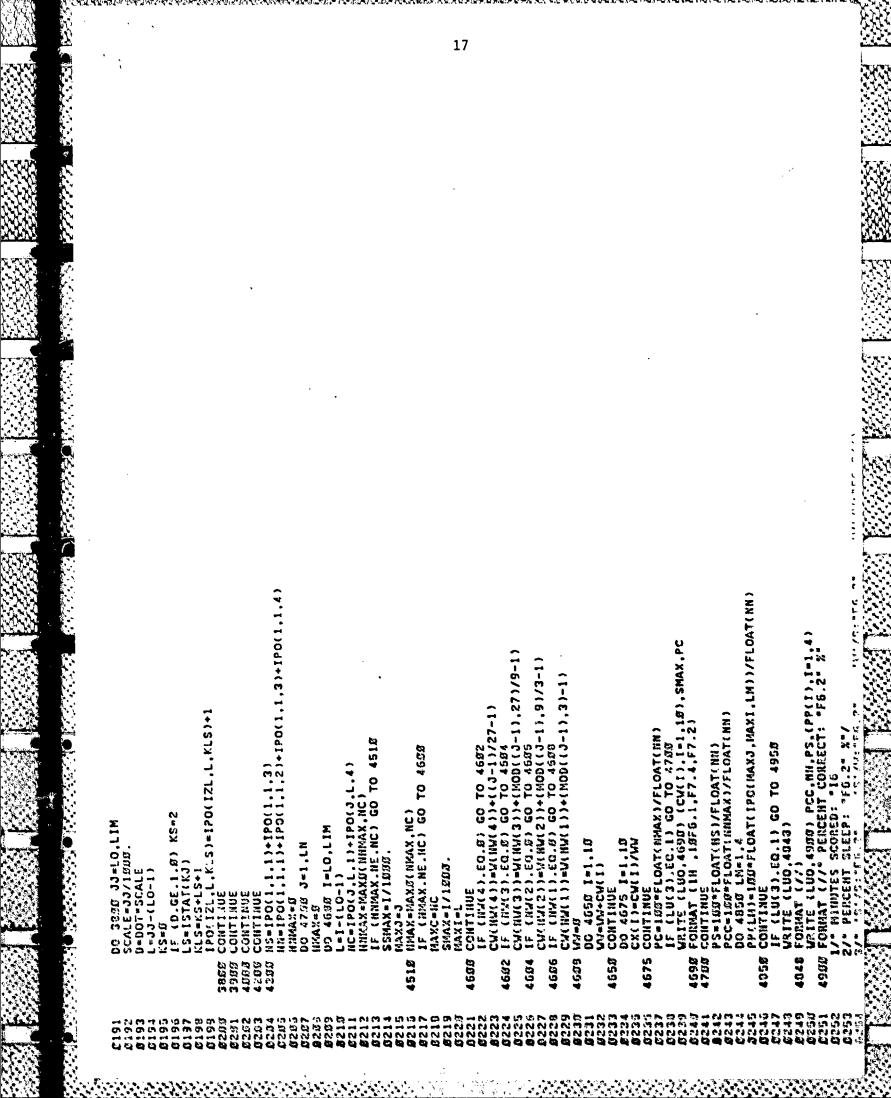
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15 **î**, TER UP TO & WEIGHTS TO BE 'BRACKETED' Nucli, Nuczi, Nuczi, Nuczi, 2 ' (/" NUMBER OF MINUTES FORWARD: _") LUI.*) IFW (LUI,25%) ("NUMBER OF MINUTES BACKWARD: __") LUI,") IBW (PLY VITALOG SCORE BY:_") RITE (LUI, 400) ORMAT (//" ENTER VEIGHTS FOR MINUTE. " *** IB MINUTES MAX *** ") .EQ.1) CO TO 875 0.5) WRITE (LU0,858) TO 150 . (NA.NE.2HVI) GO TO 52 (LEEZHVD) LE.13) GO TO 358 "I2" .GE.B) GO TO 480 498 60 10 SOU I--IBU, IFW 3.8%, 12") N=LIM-XNULT*10 DRMAT (* 125) 4791 (101.300) 191) .55.01 CHULT=15 NI . *. IUJ) 1 I \/~ ORMAT 00 CONT Poc ORM ç 1 89**9 5**5*8* 580 600 768 808 300 35C 408 483 481 491 491 595 545 545 118 15*9* 260 25*B* 478 125 6678 0.079 683 1037 31.08 879 (L) 50.03 280 **339** 665 01.09 **CU32** 034 267£ 2601 960 5en 27700 1081 [6.Ø] 000 325 6 3 99 20 60 5 ģ

16 1. A. IF (NV(4).EQ.8) GO TO 3882 CW(NV(4))=V(NV(4))+((IZL-1)/27-1) IF (NV(3).EQ.8) GO TO 3884 CV(NV(3))=V(NV(3))+(NOD((IZL-1),27)/9-1) IF ("V(2).EQ.8) GO TO 3896 CW(NV(2))=V(NV(2))+(NOD((IZL-1),9)/3-1) IF (NV(1).EQ.8) GO TO 3828)+(MOD((IZL-1),3)-1) CALL READF (IDCB, IER, IBUF, IL, JL, -1) IF (IER,LT.\$) GO TO 9928 IF (LU(3).CQ.1) GO TO 2188 WRITE (LUQ.2888) IFILE, LEN FORMAT (2H ,3A2, I8" MINUTES-") F (HA.EQ.2HVI) GO TO 2388 F (I3UF(I).LE.Ø) IBUF(I)=63 F (IBUF(I).LT.128) GO TO 2588 BUF(I)=IEUF(I)-123 VECTR=FLOAT(ICUF(I))*XMULT IF (VECTR.GT.63) VECTR=63 D0 3955 IZL=1,LN CALL OPEN (IDC8.IER.IFILE) IF (IER.LT.97) GO TO 9950 CALL READF (IDC8.IER.IBUF) IF (IER.LT.97) GO TO 9910 LEM-IBUF*256+IBUF(2) 60 70 4250 60 70 4259 60 70 4259 60 70 4259 60 70 4259 60 70 4239 60 70 4239 .IW) GO TO 4080 900 IF (10.6E.115) GO TO 4200 950 IFILE(3)=KCVT(10) 866 DO 2700 K=1, IV DOT=DOT+VECTR(K)*C(K) 5 0 0 VECTR(J)=VECTR(J-1 STAT(J)=ISTAT(J-1 (I)MH VK-((I)MN)MO 4233 IO=181.126 1 00 3360 12=1,1W DO 3048 IZ=1,IV 10.60.1187) 10.60.158) 10.60.114) 10.60.115) 10.60.117) L00P) IA.ED. 2HVI Q.EQ.101) 00 4000 I=3,1 (ZI)HO+F/N=:'J 3=1% READ DATA FILE 2808 FORMAT (2H 2968 CONTINUE C (DOT PRODUCT 2649 DO 2709 K 956 PROCESS DATA CONTINUE CONTINUE L=LEN+2 STAT=U **DO 22BU** STAT=1 001-00 1NOC 1-1-N D=0. 8 0 U 3020 3048 1000 3006 2100 2390 2500 27.00 2209 30.02 875 1008 4537566 4537566 33.95 Ø156 Ø157 Ø153 67 ខ្មួ 9 C C C C C C 25 01227 01227 01227 01227 01227 01227 01227 01227 01227 01227 01227 01227 500 139 30 G ŵ

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56 IF (NU(4).EQ.0) GO TO 5202 W(NU(4))=V(NU(4))+((MAXJ-1)/27-1) 22 IF (NU(2))=V(NU(4)) GO TO 5004 W(NU(2))=V(NU(2))+(NOD((MAXJ-1),27)/9-1) 34 IF (NU(2))=V(NU(2))+(NOD((MAXJ-1),9)/3-1) 35 IF (NU(1).EQ.0) GO TO 5056 W(NU(1))=V(NU(1))+(NOD((PAXJ-1),3)-1) 37 WRITE (LUO,5010) (W(1),1=1,10).SSMAX,PCC 16 FORMAT (1H ,10F5.1,F6.3,F6.2) 17 (LU(3),EQ.0) GO TO 9550 17 (LU(3),EQ.0) GO TO 9550 (LANS.EQ.244E) GO TO 545 09 7777 NU([].EQ.B) GO TO 9048)=NU([])+1 (HULL).GT. IV) KULL)=1 * *** ERROR*16" F WRITE (LUI, 3689) FOMMAT (* MORE?: _*) READ (LUI, 8850) IAMS FORMAT (AZ) (LUI.9998) IER TE (LU1.99901 1ER (LUI.9990) IER * 1=1 CO TO 626 5 3071 MUE A17E WR I TE AMAGA 101 EN0 ER05 0 à 11 11 A 1012 2630 9165 1066 8666 8666 5019 5010 0265 0706 0586 4950 1999 2004 3025 1002 1005 1005 5 5 ā 27 27 N 20 i. Ci N

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ACTIVITY SCOPE SET-UP

For Vitalog IM6100 microprocessor

APPENDIX 2

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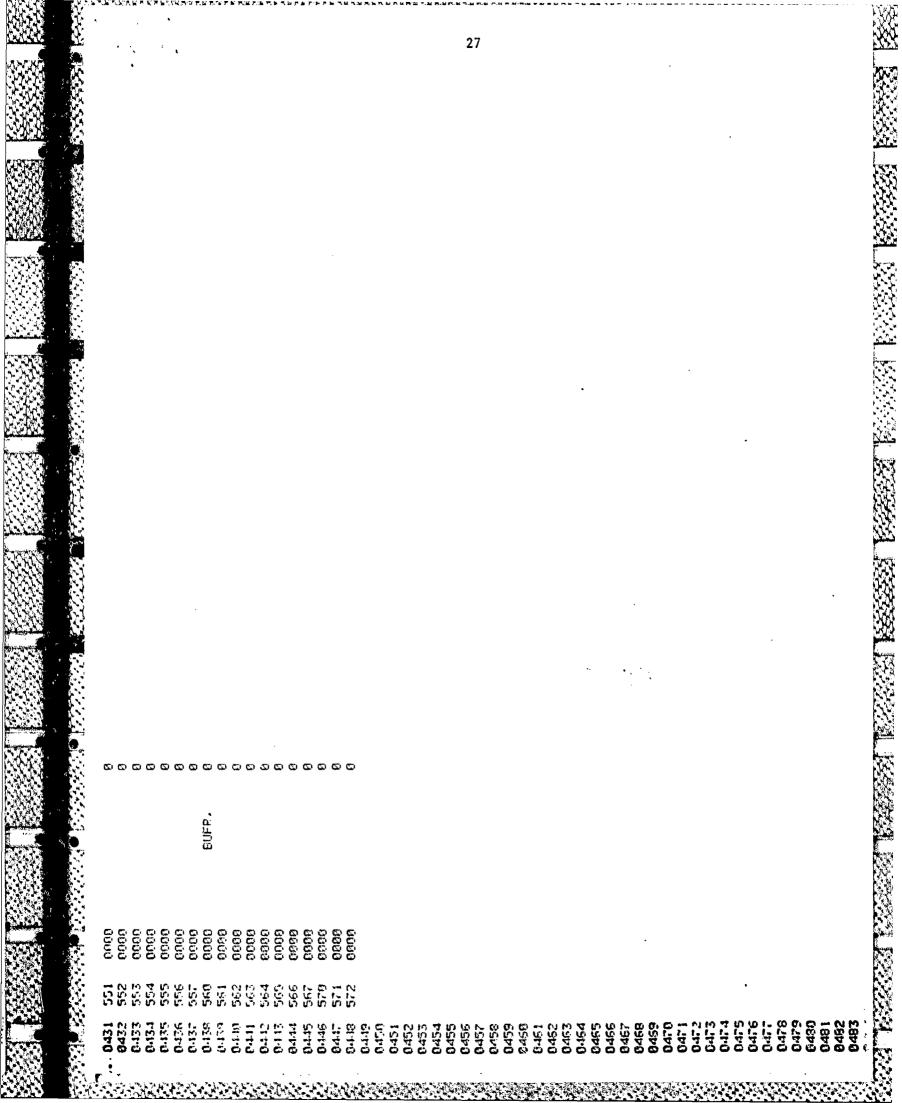
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