Form Approved OMB No. 0920-xxxx Exp. Date xx/xx/xxxx

## **Youth Activity Diary**

Public reporting burden of this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-xxxx)

1. Date (month / day / year) / /20	Study ID #
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2. Was this a school day? (circle one) YES NO	
3. What time did you get out of bed in the morning? : :	
4. Did you take off the monitor during the day? (circle one) YES NO	
If yes, when (time) : and why (circle one) Swim Shower Other,	specify:
5. What time did you get into the bed in the evening? : :	

Time of day	Did you <u>wear</u> t Monitor? (circle one)	Most of the time, where were you? (circle one)	During this time, did you  bicycle? (circle Yes or No; if Yes, specify activity time(s))  By "transportation" we mean going from place to place to do errands, shop, go to work or school	During this time, did you walk? (circle Yes or No; if Yes, specify activity time(s)) By "transportation" we mean going from place to place to do errands, shop, go to work or school
Early morning (5:01am – 9:00am)	Yes N	Home School Other, specify:	Yes - for leisure min - for transportation min - for other reason min No	Yes - for leisure min - for transportation min - for other reason min No
Morning (9:01am – 11:00am)	Yes N	Home School Other, specify:	Yes - for leisure min - for transportation min - for other reason min No	Yes - for leisure min - for transportation min - for other reason min No
Lunch time (11:01am – 1:00pm)	Yes N	Home School Other, specify:	Yes - for leisure min - for transportation min - for other reason min No	Yes - for leisure min - for transportation min - for other reason min No
Afternoon (1:01pm – 5:00pm)	Yes N	Home School Other, specify:	Yes - for leisure min - for transportation min - for other reason min No	Yes - for leisure min - for transportation min - for other reason min No
Dinner time (5:01pm – 8:00pm)	Yes N	Home School Other, specify:	Yes - for leisure min - for transportation min	Yes - for leisure min - for transportation min

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				- for other reason min	- for other reason min	
				No	No	
After dinner			Home School	Yes	Yes	
(8:01pm – 10:00pm)				- for leisure min	- for leisure min	
	Yes	No	Other, specify:	- for transportation min	- for transportation min	
				- for other reason min	- for other reason min	
				No — —	No — —	
Bed time			Home School	Yes	Yes	
(10:01pm – midnight)				- for leisure min	- for leisure min	
	Yes	No	Other, specify:	- for transportation min	- for transportation min	
				- for other reason min	- for other reason min	
				No	No	
Middle of the night			Home School	Yes	Yes	
(12:01pm – 5:00am)				- for leisure min	- for leisure min	
	Yes	No	Other, specify:	- for transportation min	- for transportation min	
				- for other reason min	- for other reason min	
				No	No	