

Youth Activity Diary



Communities Transforming

To make healthy living easier

Public reporting burden of this collection of information is estimated to average 20 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)

INSTRUCTIONS FOR USING THE YOUTH ACTIVITY DIARY

The Youth Activity Diary is a set of papers that you will use to keep track of (1) whether your child wore the activity monitor, (2) where your child was, and (3) the reason your child walked or biked, if applicable. In the top part of the diary you will write the date, indicate if this was a school day, write the time your child got out of bed in the morning, indicate whether the activity monitor was taken off during the day, and write the time your child went to bed in the evening. In the bottom part of the diary you will circle the most appropriate response to the questions.

Please write clearly and fill out the Activity Diary the best you can.

For preschool children, you may ask the person caring for your child whether the activity monitor was taken off or whether your child biked or walked. For school-age children, you may ask your child these questions. If you do not know the answer, then please leave it blank.

Please make sure to fill out the Activity Diary every day—do not wait until the end of the week and try to remember your child's activity. If you have any questions about how to use the Activity Diary, please contact

_____.

We need to know if your child wore the monitor, where your child was most of the time, and if your child biked or walked. If your child biked or walked, we would like to know why and for how long.

- If your child wore the monitor most of the time during the specific time of day, please circle "Yes" in the column labeled "Did you wear the monitor." In the example below for the time of day from 5:01AM to 9:00AM the appropriate answer is "No" since the monitor was not put on until 8:00AM.
- For your child, if a time of day is split equally between 2 options for "Most of the time, where were you?" (e.g., half at school and half at home), then select the option that occurred first. If your child was at daycare, please circle "Other" and specify "daycare" in the blank provided.
- If your child biked any time during the specified time period, please circle "Yes" for the column labeled "During this time, did you bicycle?" and indicate the reason for bicycling and how many minutes your child biked during the time period.
- If your child walked any time during the specified time period, please circle "Yes" for the column labeled "During this time, did you walk?" and indicate the reason for walking and how many minutes your child walked during the time period.

Example:

- Your child got out of bed at 7:00 in the morning (on a weekday) and started getting ready for daycare.

- The monitor was placed on your child at 8:00 in the morning.

- At 8:30 in the morning you dropped your child off at daycare.

- Your child stayed at daycare until you picked up your child at 5:30 in the evening.

- Your child had dinner at 6:30 in the evening.

- You and your child walked to the corner store from 7:30 to 7:50 in the evening.

- Your child did not bike at all during the day or evening.

- Your child took the monitor off to take a bath from 8:00 to 8:15 in the evening.

- Your child went to bed at 8:30 in the evening.

You would need to write on your Activity Diary as shown in the example on this page.

Youth Activity Diary

Date (month / day / year) 2 / 11 / 2013

Study ID # 9999

1. Was this a school day? (circle one) YES NO
2. What time did you get out of bed in the morning? 07:00
3. Did you take off the monitor during the day? (circle one) YES NO
If yes, when (time) 08:00 and why (circle one) Swim Shower Other, specify: _____
4. What time did you get into the bed in the evening? 08:30

Time of day	Did you wear the 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))		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		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 <input type="checkbox"/> No <input checked="" type="checkbox"/>	<u>Home</u> School Other, specify: _____	Yes - for leisure ___ min - for transportation to/from school ___ min - for other transportation ___ min - for other reason ___ min <u>No</u>	Yes - for leisure ___ min - for transportation to/from school ___ min - for other transportation ___ min - for other reason ___ min <u>No</u>		
Morning (9:01am - 11:00am)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Home <u>School</u> Other specify: <u>daycare</u>	Yes - for leisure ___ min - for transportation to/from school ___ min - for other transportation ___ min - for other reason ___ min <u>No</u>	Yes - for leisure ___ min - for transportation to/from school ___ min - for other transportation ___ min - for other reason ___ min <u>No</u>		
Lunch time (11:01am - 1:00pm)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Home <u>School</u> Other, specify: <u>daycare</u>	Yes - for leisure ___ min - for transportation to/from school ___ min - for other transportation ___ min - for other reason ___ min <u>No</u>	Yes - for leisure ___ min - for transportation to/from school ___ min - for other transportation ___ min - for other reason ___ min <u>No</u>		
Afternoon (1:01pm - 5:00pm)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Home <u>School</u> Other specify: <u>daycare</u>	Yes - for leisure ___ min - for transportation to/from school ___ min - for other transportation ___ min - for other reason ___ min <u>No</u>	Yes - for leisure ___ min - for transportation to/from school ___ min - for other transportation ___ min - for other reason ___ min <u>No</u>		
Dinner time (5:01pm - 8:00pm)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<u>Home</u> School Other, specify: _____	Yes - for leisure ___ min - for transportation to/from school ___ min - for other transportation ___ min - for other reason ___ min <u>No</u>	<u>Yes</u> - for leisure ___ min - for transportation to/from school ___ min - for other transportation <u>20</u> min - for other reason ___ min No		
After dinner (8:01pm - 10:00pm)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<u>Home</u> School Other, specify: _____	Yes - for leisure ___ min - for transportation to/from school ___ min - for other transportation ___ min - for other reason ___ min <u>No</u>	Yes - for leisure ___ min - for transportation to/from school ___ min - for other transportation ___ min - for other reason ___ min <u>No</u>		
Bed time (10:01pm - midnight)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<u>Home</u> School Other, specify: _____	Yes - for leisure ___ min - for transportation to/from school ___ min - for other transportation ___ min - for other reason ___ min <u>No</u>	Yes - for leisure ___ min - for transportation to/from school ___ min - for other transportation ___ min - for other reason ___ min <u>No</u>		
Middle of the night (12:01am - 5:00am)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<u>Home</u> School Other, specify: _____	Yes - for leisure ___ min - for transportation to/from school ___ min - for other transportation ___ min - for other reason ___ min <u>No</u>	Yes - for leisure ___ min - for transportation to/from school ___ min - for other transportation ___ min - for other reason ___ min <u>No</u>		

Youth Activity Diary

Date (month / day / year) _____ 20____

Study ID # _____

1. Was this a school day? (circle one) YES NO
2. What time did you get out of bed in the morning? _____ : _____
3. 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: _____
4. What time did you get into the bed in the evening? _____ : _____

Time of day	Did you wear the 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)) <small>By "transportation" we mean going from place to place to do errands, shop, go to work or school</small>	During this time, did you walk? (circle Yes or No; if Yes, specify activity time(s)) <small>By "transportation" we mean going from place to place to do errands, shop, go to work or school</small>
Early morning (5:01am - 9:00am)	Yes No	Home School Other, specify: _____	Yes - for leisure ___ min - for transportation to/from school ___ min - for other transportation ___ min - for other reason ___ min No	Yes - for leisure ___ min - for transportation to/from school ___ min - for other transportation ___ min - for other reason ___ min No
Morning (9:01am - 11:00am)	Yes No	Home School Other, specify: _____	Yes - for leisure ___ min - for transportation to/from school ___ min - for other transportation ___ min - for other reason ___ min No	Yes - for leisure ___ min - for transportation to/from school ___ min - for other transportation ___ min - for other reason ___ min No
Lunch time (11:01am - 1:00pm)	Yes No	Home School Other, specify: _____	Yes - for leisure ___ min - for transportation to/from school ___ min - for other transportation ___ min - for other reason ___ min No	Yes - for leisure ___ min - for transportation to/from school ___ min - for other transportation ___ min - for other reason ___ min No
Afternoon (1:01pm - 5:00pm)	Yes No	Home School Other, specify: _____	Yes - for leisure ___ min - for transportation to/from school ___ min - for other transportation ___ min - for other reason ___ min No	Yes - for leisure ___ min - for transportation to/from school ___ min - for other transportation ___ min - for other reason ___ min No
Dinner time (5:01pm - 8:00pm)	Yes No	Home School Other, specify: _____	Yes - for leisure ___ min - for transportation to/from school ___ min - for other transportation ___ min - for other reason ___ min No	Yes - for leisure ___ min - for transportation to/from school ___ min - for other transportation ___ min - for other reason ___ min No
After dinner (8:01pm - 10:00pm)	Yes No	Home School Other, specify: _____	Yes - for leisure ___ min - for transportation to/from school ___ min - for other transportation ___ min - for other reason ___ min No	Yes - for leisure ___ min - for transportation to/from school ___ min - for other transportation ___ min - for other reason ___ min No
Bed time (10:01pm - midnight)	Yes No	Home School Other, specify: _____	Yes - for leisure ___ min - for transportation to/from school ___ min - for other transportation ___ min - for other reason ___ min No	Yes - for leisure ___ min - for transportation to/from school ___ min - for other transportation ___ min - for other reason ___ min No
Middle of the night (12:01pm - 5:00am)	Yes No	Home School Other, specify: _____	Yes - for leisure ___ min - for transportation to/from school ___ min - for other transportation ___ min	Yes - for leisure ___ min - for transportation to/from school ___ min - for other transportation ___ min

- for other reason ___ min
No

- for other reason ___ min
No

Youth Activity Diary

Date (month / day / year) _____ **20**_____

Study ID # _____

1. Was this a school day? (circle one) YES NO
2. What time did you get out of bed in the morning? _____ : _____
3. 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: _____
4. What time did you get into the bed in the evening? _____ : _____

Time of day	Did you wear the Monitor? (circle one)	Most of the time, where were you? (circle one)	During this time, did you <u>bicycle</u> ? (circle Yes or No; if Yes, specify activity time(s)) <small>By "transportation" we mean going from place to place to do errands, shop, go to work or school</small>	During this time, did you <u>walk</u> ? (circle Yes or No; if Yes, specify activity time(s)) <small>By "transportation" we mean going from place to place to do errands, shop, go to work or school</small>
Early morning (5:01am - 9:00am)	Yes No	Home School Other, specify: _____	Yes - for leisure ___ min - for transportation to/from school ___ min - for other transportation ___ min - for other reason ___ min No	Yes - for leisure ___ min - for transportation to/from school ___ min - for other transportation ___ min - for other reason ___ min No
Morning (9:01am - 11:00am)	Yes No	Home School Other, specify: _____	Yes - for leisure ___ min - for transportation to/from school ___ min - for other transportation ___ min - for other reason ___ min No	Yes - for leisure ___ min - for transportation to/from school ___ min - for other transportation ___ min - for other reason ___ min No
Lunch time (11:01am - 1:00pm)	Yes No	Home School Other, specify: _____	Yes - for leisure ___ min - for transportation to/from school ___ min - for other transportation ___ min - for other reason ___ min No	Yes - for leisure ___ min - for transportation to/from school ___ min - for other transportation ___ min - for other reason ___ min No
Afternoon (1:01pm - 5:00pm)	Yes No	Home School Other, specify: _____	Yes - for leisure ___ min - for transportation to/from school ___ min - for other transportation ___ min - for other reason ___ min No	Yes - for leisure ___ min - for transportation to/from school ___ min - for other transportation ___ min - for other reason ___ min No
Dinner time (5:01pm - 8:00pm)	Yes No	Home School Other, specify: _____	Yes - for leisure ___ min - for transportation to/from school ___ min - for other transportation ___ min - for other reason ___ min No	Yes - for leisure ___ min - for transportation to/from school ___ min - for other transportation ___ min - for other reason ___ min No
After dinner (8:01pm - 10:00pm)	Yes No	Home School Other, specify: _____	Yes - for leisure ___ min - for transportation to/from school ___ min - for other transportation ___ min - for other reason ___ min No	Yes - for leisure ___ min - for transportation to/from school ___ min - for other transportation ___ min - for other reason ___ min No
Bed time (10:01pm - midnight)	Yes No	Home School Other, specify: _____	Yes - for leisure ___ min - for transportation to/from school ___ min - for other transportation ___ min - for other reason ___ min No	Yes - for leisure ___ min - for transportation to/from school ___ min - for other transportation ___ min - for other reason ___ min No
Middle of the night (12:01pm - 5:00am)	Yes No	Home School	Yes - for leisure ___ min	Yes - for leisure ___ min

		Other, specify: _____	- for transportation to/from school ___ min - for other transportation ___ min - for other reason ___ min No	- for transportation to/from school ___ min - for other transportation ___ min - for other reason ___ min No
--	--	--------------------------	---	---

Youth Activity Diary

Date (month / day / year) _____ 20 _____

Study ID # _____

1. Was this a school day? (circle one) YES NO
2. What time did you get out of bed in the morning? ___ : ___
3. 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: _____
4. What time did you get into the bed in the evening? ___ : ___

Time of day	Did you wear the Monitor? (circle one)		Most of the time, where were you? (circle one) Other, specify: _____	During this time, did you bicycle? (circle Yes or No; if Yes, specify activity time(s))	During this time, did you walk? (circle Yes or No; if Yes, specify activity time(s))
	Yes	No		By "transportation" we mean going from place to place to do errands, shop, go to work or school	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	No	Home School Other, specify: _____	Yes - for leisure ___ min - for transportation to/from school ___ min - for other transportation ___ min - for other reason ___ min No	Yes - for leisure ___ min - for transportation to/from school ___ min - for other transportation ___ min - for other reason ___ min No
Morning (9:01am - 11:00am)	Yes	No	Home School Other, specify: _____	Yes - for leisure ___ min - for transportation to/from school ___ min - for other transportation ___ min - for other reason ___ min No	Yes - for leisure ___ min - for transportation to/from school ___ min - for other transportation ___ min - for other reason ___ min No
Lunch time (11:01am - 1:00pm)	Yes	No	Home School Other, specify: _____	Yes - for leisure ___ min - for transportation to/from school ___ min - for other transportation ___ min - for other reason ___ min No	Yes - for leisure ___ min - for transportation to/from school ___ min - for other transportation ___ min - for other reason ___ min No
Afternoon (1:01pm - 5:00pm)	Yes	No	Home School Other, specify: _____	Yes - for leisure ___ min - for transportation to/from school ___ min - for other transportation ___ min - for other reason ___ min No	Yes - for leisure ___ min - for transportation to/from school ___ min - for other transportation ___ min - for other reason ___ min No
Dinner time (5:01pm - 8:00pm)	Yes	No	Home School Other, specify: _____	Yes - for leisure ___ min - for transportation to/from school ___ min - for other transportation ___ min - for other reason ___ min No	Yes - for leisure ___ min - for transportation to/from school ___ min - for other transportation ___ min - for other reason ___ min No
After dinner (8:01pm - 10:00pm)	Yes	No	Home School Other, specify: _____	Yes - for leisure ___ min - for transportation to/from school ___ min - for other transportation ___ min - for other reason ___ min No	Yes - for leisure ___ min - for transportation to/from school ___ min - for other transportation ___ min - for other reason ___ min No
Bed time (10:01pm - midnight)	Yes	No	Home School Other, specify: _____	Yes - for leisure ___ min - for transportation to/from school ___ min - for other transportation ___ min - for other reason ___ min No	Yes - for leisure ___ min - for transportation to/from school ___ min - for other transportation ___ min - for other reason ___ min No

Middle of the night (12:01pm - 5:00am)	Yes No	Home School Other, specify: _____	Yes - for leisure ___ min - for transportation to/from school ___ min - for other transportation ___ min - for other reason ___ min No	Yes - for leisure ___ min - for transportation to/from school ___ min - for other transportation ___ min - for other reason ___ min No
---	-------------	--	---	---

Youth Activity Diary

Date (month / day / year) _____ **20** _____

Study ID # _____

1. Was this a school day? (circle one) YES NO
2. What time did you get out of bed in the morning? _____ : _____
3. 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: _____
4. What time did you get into the bed in the evening? _____ : _____

Time of day	Did you wear the Monitor? (circle one)	Most of the time, where were you? (circle one)	During this time, did you <u>bicycle</u> ?	During this time, did you <u>walk</u> ?
			(circle Yes or No; if Yes, specify activity time(s))	(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	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 No	Home School Other, specify: _____	Yes - for leisure ___ min - for transportation to/from school ___ min - for other transportation ___ min - for other reason ___ min No	Yes - for leisure ___ min - for transportation to/from school ___ min - for other transportation ___ min - for other reason ___ min No
Morning (9:01am - 11:00am)	Yes No	Home School Other, specify: _____	Yes - for leisure ___ min - for transportation to/from school ___ min - for other transportation ___ min - for other reason ___ min No	Yes - for leisure ___ min - for transportation to/from school ___ min - for other transportation ___ min - for other reason ___ min No
Lunch time (11:01am - 1:00pm)	Yes No	Home School Other, specify: _____	Yes - for leisure ___ min - for transportation to/from school ___ min - for other transportation ___ min - for other reason ___ min No	Yes - for leisure ___ min - for transportation to/from school ___ min - for other transportation ___ min - for other reason ___ min No
Afternoon (1:01pm - 5:00pm)	Yes No	Home School Other, specify: _____	Yes - for leisure ___ min - for transportation to/from school ___ min - for other transportation ___ min - for other reason ___ min No	Yes - for leisure ___ min - for transportation to/from school ___ min - for other transportation ___ min - for other reason ___ min No
Dinner time (5:01pm - 8:00pm)	Yes No	Home School Other, specify: _____	Yes - for leisure ___ min - for transportation to/from school ___ min - for other transportation ___ min - for other reason ___ min No	Yes - for leisure ___ min - for transportation to/from school ___ min - for other transportation ___ min - for other reason ___ min No
After dinner (8:01pm - 10:00pm)	Yes No	Home School Other, specify: _____	Yes - for leisure ___ min - for transportation to/from school ___ min - for other transportation ___ min - for other reason ___ min No	Yes - for leisure ___ min - for transportation to/from school ___ min - for other transportation ___ min - for other reason ___ min No
Bed time (10:01pm - midnight)	Yes No	Home School Other, specify: _____	Yes - for leisure ___ min - for transportation to/from school ___ min - for other transportation ___ min	Yes - for leisure ___ min - for transportation to/from school ___ min - for other transportation ___ min

			- for other reason ___ min No	- for other reason ___ min No
Middle of the night (12:01pm - 5:00am)	Yes No	Home School Other, specify: _____	Yes - for leisure ___ min - for transportation to/from school ___ min - for other transportation ___ min - for other reason ___ min No	Yes - for leisure ___ min - for transportation to/from school ___ min - for other transportation ___ min - for other reason ___ min No

Youth Activity Diary

Date (month / day / year) _____ 20__

Study ID # _____

1. Was this a school day? (circle one) YES NO
2. What time did you get out of bed in the morning? _____ : _____
3. 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: _____
4. What time did you get into the bed in the evening? _____ : _____

Time of day	Did you wear the Monitor? (circle one)	Most of the time, where were you? (circle one)	During this time, did you <u>bicycle</u> ?	During this time, did you <u>walk</u> ?
			(circle Yes or No; if Yes, specify activity time(s)) <small>By "transportation" we mean going from place to place to do errands, shop, go to work or school</small>	(circle Yes or No; if Yes, specify activity time(s)) <small>By "transportation" we mean going from place to place to do errands, shop, go to work or school</small>
Early morning (5:01am - 9:00am)	Yes No	Home School Other, specify: _____	Yes - for leisure ___ min - for transportation to/from school ___ min - for other transportation ___ min - for other reason ___ min No	Yes - for leisure ___ min - for transportation to/from school ___ min - for other transportation ___ min - for other reason ___ min No
Morning (9:01am - 11:00am)	Yes No	Home School Other, specify: _____	Yes - for leisure ___ min - for transportation to/from school ___ min - for other transportation ___ min - for other reason ___ min No	Yes - for leisure ___ min - for transportation to/from school ___ min - for other transportation ___ min - for other reason ___ min No
Lunch time (11:01am - 1:00pm)	Yes No	Home School Other, specify: _____	Yes - for leisure ___ min - for transportation to/from school ___ min - for other transportation ___ min - for other reason ___ min No	Yes - for leisure ___ min - for transportation to/from school ___ min - for other transportation ___ min - for other reason ___ min No
Afternoon (1:01pm - 5:00pm)	Yes No	Home School Other, specify: _____	Yes - for leisure ___ min - for transportation to/from school ___ min - for other transportation ___ min - for other reason ___ min No	Yes - for leisure ___ min - for transportation to/from school ___ min - for other transportation ___ min - for other reason ___ min No
Dinner time (5:01pm - 8:00pm)	Yes No	Home School Other, specify: _____	Yes - for leisure ___ min - for transportation to/from school ___ min - for other transportation ___ min - for other reason ___ min No	Yes - for leisure ___ min - for transportation to/from school ___ min - for other transportation ___ min - for other reason ___ min No
After dinner (8:01pm - 10:00pm)	Yes No	Home School Other, specify: _____	Yes - for leisure ___ min - for transportation to/from school ___ min - for other transportation ___ min - for other reason ___ min No	Yes - for leisure ___ min - for transportation to/from school ___ min - for other transportation ___ min - for other reason ___ min No
Bed time (10:01pm - midnight)	Yes No	Home School	Yes - for leisure ___ min	Yes - for leisure ___ min

		Other, specify: _____	- for transportation to/from school ___ min - for other transportation ___ min - for other reason ___ min No	- for transportation to/from school ___ min - for other transportation ___ min - for other reason ___ min No
Middle of the night (12:01pm - 5:00am)	Yes No	Home School Other, specify: _____	Yes - for leisure ___ min - for transportation to/from school ___ min - for other transportation ___ min - for other reason ___ min No	Yes - for leisure ___ min - for transportation to/from school ___ min - for other transportation ___ min - for other reason ___ min No

Youth Activity Diary

Date (month / day / year) _____ **20** _____

Study ID # _____

1. Was this a school day? (circle one) YES NO
2. What time did you get out of bed in the morning? _____ : _____
3. 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: _____
4. What time did you get into the bed in the evening? _____ : _____

Time of day	Did you wear the 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))	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	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 No	Home School Other, specify: _____	Yes - for leisure ___ min - for transportation to/from school ___ min - for other transportation ___ min - for other reason ___ min No	Yes - for leisure ___ min - for transportation to/from school ___ min - for other transportation ___ min - for other reason ___ min No
Morning (9:01am - 11:00am)	Yes No	Home School Other, specify: _____	Yes - for leisure ___ min - for transportation to/from school ___ min - for other transportation ___ min - for other reason ___ min No	Yes - for leisure ___ min - for transportation to/from school ___ min - for other transportation ___ min - for other reason ___ min No
Lunch time (11:01am - 1:00pm)	Yes No	Home School Other, specify: _____	Yes - for leisure ___ min - for transportation to/from school ___ min - for other transportation ___ min - for other reason ___ min No	Yes - for leisure ___ min - for transportation to/from school ___ min - for other transportation ___ min - for other reason ___ min No
Afternoon (1:01pm - 5:00pm)	Yes No	Home School Other, specify: _____	Yes - for leisure ___ min - for transportation to/from school ___ min - for other transportation ___ min - for other reason ___ min No	Yes - for leisure ___ min - for transportation to/from school ___ min - for other transportation ___ min - for other reason ___ min No
Dinner time (5:01pm - 8:00pm)	Yes No	Home School Other, specify: _____	Yes - for leisure ___ min - for transportation to/from school ___ min - for other transportation ___ min - for other reason ___ min No	Yes - for leisure ___ min - for transportation to/from school ___ min - for other transportation ___ min - for other reason ___ min No
After dinner (8:01pm - 10:00pm)	Yes No	Home School Other, specify: _____	Yes - for leisure ___ min - for transportation to/from school ___ min - for other transportation ___ min - for other reason ___ min No	Yes - for leisure ___ min - for transportation to/from school ___ min - for other transportation ___ min - for other reason ___ min No

Bed time (10:01pm - midnight)	Yes No	Home School Other, specify: _____	Yes - for leisure ___ min - for transportation to/from school ___ min - for other transportation ___ min - for other reason ___ min No	Yes - for leisure ___ min - for transportation to/from school ___ min - for other transportation ___ min - for other reason ___ min No
Middle of the night (12:01pm - 5:00am)	Yes No	Home School Other, specify: _____	Yes - for leisure ___ min - for transportation to/from school ___ min - for other transportation ___ min - for other reason ___ min No	Yes - for leisure ___ min - for transportation to/from school ___ min - for other transportation ___ min - for other reason ___ min No

Youth Activity Diary

Date (month / day / year) _____ 20_____

Study ID # _____

1. Was this a school day? (circle one) YES NO
2. What time did you get out of bed in the morning? _____ : _____
3. 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: _____
4. What time did you get into the bed in the evening? _____ : _____

Time of day	Did you wear the 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))	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	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 No	Home School Other, specify: _____	Yes - for leisure ___ min - for transportation to/from school ___ min - for other transportation ___ min - for other reason ___ min No	Yes - for leisure ___ min - for transportation to/from school ___ min - for other transportation ___ min - for other reason ___ min No
Morning (9:01am - 11:00am)	Yes No	Home School Other, specify: _____	Yes - for leisure ___ min - for transportation to/from school ___ min - for other transportation ___ min - for other reason ___ min No	Yes - for leisure ___ min - for transportation to/from school ___ min - for other transportation ___ min - for other reason ___ min No
Lunch time (11:01am - 1:00pm)	Yes No	Home School Other, specify: _____	Yes - for leisure ___ min - for transportation to/from school ___ min - for other transportation ___ min - for other reason ___ min No	Yes - for leisure ___ min - for transportation to/from school ___ min - for other transportation ___ min - for other reason ___ min No
Afternoon (1:01pm - 5:00pm)	Yes No	Home School Other, specify: _____	Yes - for leisure ___ min - for transportation to/from school ___ min - for other transportation ___ min - for other reason ___ min No	Yes - for leisure ___ min - for transportation to/from school ___ min - for other transportation ___ min - for other reason ___ min No
Dinner time (5:01pm - 8:00pm)	Yes No	Home School Other, specify: _____	Yes - for leisure ___ min - for transportation to/from school ___ min - for other transportation ___ min - for other reason ___ min No	Yes - for leisure ___ min - for transportation to/from school ___ min - for other transportation ___ min - for other reason ___ min No
After dinner (8:01pm - 10:00pm)	Yes No	Home School Other, specify: _____	Yes - for leisure ___ min - for transportation to/from school ___ min - for other transportation ___ min - for other reason ___ min	Yes - for leisure ___ min - for transportation to/from school ___ min - for other transportation ___ min - for other reason ___ min

			- for other reason __ __ min No	- for other reason __ __ min No
Bed time (10:01pm - midnight)	Yes No	Home School Other, specify: _____	Yes - for leisure __ __ min - for transportation to/from school __ __ min - for other transportation __ __ min - for other reason __ __ min No	Yes - for leisure __ __ min - for transportation to/from school __ __ min - for other transportation __ __ min - for other reason __ __ min No
Middle of the night (12:01pm - 5:00am)	Yes No	Home School Other, specify: _____	Yes - for leisure __ __ min - for transportation to/from school __ __ min - for other transportation __ __ min - for other reason __ __ min No	Yes - for leisure __ __ min - for transportation to/from school __ __ min - for other transportation __ __ min - for other reason __ __ min No