ATTACHMENT L:

WEAR LOG INSTRUMENT

FLASHE Study

Daily Physical Activity Log

PID LABEL

HOW TO USE THIS ACTIVITY LOG

➢ The log book is divided into seven pages, one page for each day that you are to wear the activity monitor. Complete one page for **EVERY DAY that you wear the monitor.**

➢ Start by circling the day of the week and write in the date you are wearing the activity monitor.

➢ Write down the time you put the wrist monitor on. We ask that you begin wearing it at 8 PM of the day we have designated as your first day (see letter included with this package).

➢ You do not need to write down anything from the device as it stores all the needed information.

➢ If you remove the device, for example, when you take a bath or go swimming, please fill in the times you take the monitor off and when you put it back on, and briefly describe the activity.

DAY 1 of 7

Date: |__|__|/ |__|__|/|__|__|__|__|
     Month   Day   Year

Please circle the day: Mon / Tue / Wed / Thu / Fri / Sat / Sun

Time out of bed in the morning |__|__|:|__|__| AM/PM

Record the times during the day when the monitor was not worn. Briefly describe the reason the monitor was not worn.

Time took monitor off	Time put back on	Reason
|__|__| :|__|__| am/pm	|__|__| :|__|__| am/pm	
|__|__| :|__|__| am/pm	|__|__| :|__|__| am/pm	
|__|__| :|__|__| am/pm	|__|__| :|__|__| am/pm	

Time into bed for the night |__|__|:|__|__| AM/PM

Version 1.1

DAY 2 of 7

Date: |__|__|/ |__|__|/|__|__|__|__|
　　　　Month　　 Day　　　 Year

Please circle the day:　　　Mon / Tue / Wed / Thu / Fri / Sat / Sun

Time out of bed in the morning |__|__|:|__|__| AM/PM

Record the times during the day when the monitor was not worn. Briefly describe the reason the monitor was not worn.

Time took monitor off	Time put back on	Reason
|__|__| :|__|__| am/pm	|__|__| :|__|__| am/pm	
|__|__| :|__|__| am/pm	|__|__| :|__|__| am/pm	
|__|__| :|__|__| am/pm	|__|__| :|__|__| am/pm	

Time into bed for the night　　　　　　|__|__|:|__|__| AM/PM

DAY 3 of 7

Date: |__|__|/ |__|__|/|__|__|__|__|
       Month   Day   Year

Please circle the day: Mon / Tue / Wed / Thu / Fri / Sat / Sun

Time out of bed in the morning |__|__|:|__|__| AM/PM

Record the times during the day when the monitor was not worn. Briefly describe the reason the monitor was not worn.

Time took monitor off	Time put back on	Reason
|__|__| :|__|__| am/pm	|__|__| :|__|__| am/pm	
|__|__| :|__|__| am/pm	|__|__| :|__|__| am/pm	
|__|__| :|__|__| am/pm	|__|__| :|__|__| am/pm	

Time into bed for the night |__|__|:|__|__| AM/PM

Version 1.1

DAY 4 of 7

Date: |__|__|/ |__|__|/|__|__|__|__|
       Month   Day   Year

Please circle the day: Mon / Tue / Wed / Thu / Fri / Sat / Sun

Time out of bed in the morning |__|__|:|__|__| AM/PM

Record the times during the day when the monitor was not worn. Briefly describe the reason the monitor was not worn.

Time took monitor off	Time put back on	Reason
|__|__| :|__|__| am/pm	|__|__| :|__|__| am/pm	
|__|__| :|__|__| am/pm	|__|__| :|__|__| am/pm	
|__|__| :|__|__| am/pm	|__|__| :|__|__| am/pm	

Time into bed for the night |__|__|:|__|__| AM/PM

DAY 5 of 7

Date: |__|__|/ |__|__|/|__|__|__|__|
      Month   Day   Year

Please circle the day: Mon / Tue / Wed / Thu / Fri / Sat / Sun

Time out of bed in the morning |__|__|:|__|__| AM/PM

Record the times during the day when the monitor was not worn. Briefly describe the reason the monitor was not worn.

Time took monitor off	Time put back on	Reason
|__|__| :|__|__| am/pm	|__|__| :|__|__| am/pm	
|__|__| :|__|__| am/pm	|__|__| :|__|__| am/pm	
|__|__| :|__|__| am/pm	|__|__| :|__|__| am/pm	

Time into bed for the night |__|__|:|__|__| AM/PM

DAY 6 of 7

Date: |__|__|/ |__|__|/|__|__|__|__|
       Month   Day   Year

Please circle the day: Mon / Tue / Wed / Thu / Fri / Sat / Sun

Time out of bed in the morning |__|__|:|__|__| AM/PM

Record the times during the day when the monitor was not worn. Briefly describe the reason the monitor was not worn.

Time took monitor off	Time put back on	Reason
|__|__| :|__|__| am/pm	|__|__| :|__|__| am/pm	
|__|__| :|__|__| am/pm	|__|__| :|__|__| am/pm	
|__|__| :|__|__| am/pm	|__|__| :|__|__| am/pm	

Time into bed for the night |__|__|:|__|__| AM/PM

DAY 7 of 7

Date: |__|__|/ |__|__|/|__|__|__|__|
      Month   Day   Year

Please circle the day: Mon / Tue / Wed / Thu / Fri / Sat / Sun

Time out of bed in the morning |__|__|:|__|__| AM/PM

Record the times during the day when the monitor was not worn. Briefly describe the reason the monitor was not worn.

Time took monitor off	Time put back on	Reason
|__|__| :|__|__| am/pm	|__|__| :|__|__| am/pm	
|__|__| :|__|__| am/pm	|__|__| :|__|__| am/pm	
|__|__| :|__|__| am/pm	|__|__| :|__|__| am/pm	

Time into bed for the night |__|__|:|__|__| AM/PM