

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

Adult Activity Diary

Public reporting burden of this collection of information is estimated to average 18 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)

Adult Activity Diary

Date (month / day / year) _____ 20____

Study ID # _____

1. Was this a work 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 <u>wear</u> the Monitor? (circle one)	Most of the time, <u>where</u> 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 Work 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 No	Home Work 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 No	Home Work 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 No	Home Work	Yes - for leisure _____ min - for transportation _____ min	Yes - for leisure _____ min - for transportation _____ min

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