

Please complete this form each day for the next 7 full days you are wearing the activity monitor.

Instructions:

- Start recording on the day the monitor is put on, which is also your appointment day. That night, record the time you went to bed for the night.
- Then, each day for 7 full days, please record the time you got out of bed and the time you went to bed.
- After wearing the monitor for 7 full days, please remove it. On that day, you only need to record the time you got out of bed.
- When you have removed the monitor, please send the monitor, the belts, this form, and *Form 321 – Physical Activity Questionnaire* back to the study center in the envelope provided.

Day	Date	Time out of bed in the morning	Time into bed for the night	List any times the monitor was not worn and state reason for not wearing it (e.g., bathing). Any additional comments?
Day Monitor Put On	___ / ___ / ___ MM DD YY	Not applicable	<input type="checkbox"/> am ___:___ Hr Min <input type="checkbox"/> pm	
1	___ / ___ / ___ MM DD YY	<input type="checkbox"/> am ___:___ Hr Min <input type="checkbox"/> pm	<input type="checkbox"/> am ___:___ Hr Min <input type="checkbox"/> pm	
2	___ / ___ / ___ MM DD YY	<input type="checkbox"/> am ___:___ Hr Min <input type="checkbox"/> pm	<input type="checkbox"/> am ___:___ Hr Min <input type="checkbox"/> pm	
3	___ / ___ / ___ MM DD YY	<input type="checkbox"/> am ___:___ Hr Min <input type="checkbox"/> pm	<input type="checkbox"/> am ___:___ Hr Min <input type="checkbox"/> pm	
4	___ / ___ / ___ MM DD YY	<input type="checkbox"/> am ___:___ Hr Min <input type="checkbox"/> pm	<input type="checkbox"/> am ___:___ Hr Min <input type="checkbox"/> pm	
5	___ / ___ / ___ MM DD YY	<input type="checkbox"/> am ___:___ Hr Min <input type="checkbox"/> pm	<input type="checkbox"/> am ___:___ Hr Min <input type="checkbox"/> pm	
6	___ / ___ / ___ MM DD YY	<input type="checkbox"/> am ___:___ Hr Min <input type="checkbox"/> pm	<input type="checkbox"/> am ___:___ Hr Min <input type="checkbox"/> pm	
7	___ / ___ / ___ MM DD YY	<input type="checkbox"/> am ___:___ Hr Min <input type="checkbox"/> pm	<input type="checkbox"/> am ___:___ Hr Min <input type="checkbox"/> pm	
8	___ / ___ / ___ MM DD YY	<input type="checkbox"/> am ___:___ Hr Min <input type="checkbox"/> pm	Not applicable	

Thank you for your participation!