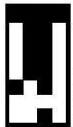


Study ID: «ID_»

Activity Monitor Log

«ID_»

Day	Circle the Day of the Week	Date monitor put on	Time out of bed in the morning	Time monitor put on in the morning	Time monitor removed at night	Time into bed for the night	List times during the day the monitor was not worn and state reason for not wearing it (e.g., showering). Any additional comments?
1	M T W TH F SA SU	___/___/___ mm/dd/yy	___ : ___ am ___ : ___ pm	___ : ___ am ___ : ___ pm	___ : ___ am ___ : ___ pm	___ : ___ am ___ : ___ pm	_____ _____ _____
2	M T W TH F SA SU	___/___/___	___ : ___ am ___ : ___ pm	___ : ___ am ___ : ___ pm	___ : ___ am ___ : ___ pm	___ : ___ am ___ : ___ pm	_____ _____ _____
3	M T W TH F SA SU	___/___/___	___ : ___ am ___ : ___ pm	___ : ___ am ___ : ___ pm	___ : ___ am ___ : ___ pm	___ : ___ am ___ : ___ pm	_____ _____ _____
4	M T W TH F SA SU	___/___/___	___ : ___ am ___ : ___ pm	___ : ___ am ___ : ___ pm	___ : ___ am ___ : ___ pm	___ : ___ am ___ : ___ pm	_____ _____ _____
5	M T W TH F SA SU	___/___/___	___ : ___ am ___ : ___ pm	___ : ___ am ___ : ___ pm	___ : ___ am ___ : ___ pm	___ : ___ am ___ : ___ pm	_____ _____ _____
6	M T W TH F SA SU	___/___/___	___ : ___ am ___ : ___ pm	___ : ___ am ___ : ___ pm	___ : ___ am ___ : ___ pm	___ : ___ am ___ : ___ pm	_____ _____ _____
7	M T W TH F SA SU	___/___/___	___ : ___ am ___ : ___ pm	___ : ___ am ___ : ___ pm	___ : ___ am ___ : ___ pm	___ : ___ am ___ : ___ pm	_____ _____ _____



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Thank you for completing this form. Please return it with the activity monitor.

OFFICE USE ONLY ○ 1 ○ 2 ○ 3