

Pre Physical Activity Monitoring Form

ID N	JMBER:				СО	NTAC	CT YE	EAR:	0	1		DE: BPA A 10/09,	/2000
LAST	NAME:								INITIA	LS:			
1.	Date monitor applied:	m m	/	d d	/	У	У	У	У				
2.	Was the activity monitoring to the participant?								Ye		Y		
3.	Did the technician explain procedure to the participa									es	Y		
4.	Did the participant verbal activity monitor?								Ye		Y		
5.	Did the participant verbal step counter?								Ye		Y		
6.	CSA ID Number:						[
7.	Step counter ID Number:												

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8.	Was the CSA monitor initialized prior to giving it to the participant?	Yes	Y						
		No	N						
9.	Was time for CSA synchronized with ABPM?	Yes	Υ						
		No	N						
10.	Was the step counter set to "0" prior to giving it to								
10.	the participant?	Yes	Υ						
		No	N						
11a.	Time monitoring started:	AM	Α						
	h h m m	PM	Р						
ADMINISTRATIVE INFORMATION									
12.	Date of data collection: / / / / / / / / / m m d d	УУ	у у						
13.	Method of data collection:		С						
	Paper f	orm	Р						
14.	Code number of person completing this form:								

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