



# 24-Hour Physical Activity Return Monitor Form

FORM CODE: RTF  
VERSION A 10/03/2000

ID NUMBER:

CONTACT YEAR:

LAST NAME:

INITIALS:

1. CSA ID Number: .....

2. Step counter ID number.....

3. Appointment for removal of ABPM: ..... JHS clinic      C  
    Home                                  H  
    Work                                        W  
    Other                                       O

Address of Pick Up:

4a.                      
Number/Street

4b.                      
City

4c.    
State

4d.        
Zip Code

5a. Date scheduled for 24 Hour Physical Activity Monitor pick-up: .....  
  /   /      
 m m      d d      y y      y y

5b. Time: .....   :    
 h h      m m      5c. AM      A  
    PM      P

6. Day: ..... Sunday S  
Monday M  
Tuesday T  
Wednesday W  
Thursday H  
Friday F  
Saturday A

**ADMINISTRATIVE INFORMATION**

7. Date of data collection: ..... 

		/			/				
m	m		d	d		y	y	y	y

8. Method of data collection: ..... Computer C  
Paper form P

9. Code number of person completing this form: ..... 

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