Pre Physical Activity Monitoring Form

1. Date monitor applied: ….. 
   mm / dd / yyyy

2. Was the activity monitoring instruction sheet given
   to the participant? ……………………………………………………………….. Yes Y
   No N

3. Did the technician explain the activity monitoring
   procedure to the participant? …………………………………………………. Yes Y
   No N

4. Did the participant verbally agree to wear the
   activity monitor? …………………………………………………………………. Yes Y
   No N

5. Did the participant verbally agree to wear the
   step counter? ……………………………………………………………………… Yes Y
   No N

6. CSA ID Number: ……………………………………………………….

7. Step counter ID Number: ………………………………………………….
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  Y  
                                           No  N

10. Was the step counter set to “0” prior to giving it to the participant? ................................................................. Yes  Y  
                                           No  N

11a. Time monitoring started: ............ 11b. AM  A  
          h     h       m    m  
          PM  P

ADMINISTRATIVE INFORMATION

12. Date of data collection: ..................  
            m  m       d    d      y  y  y    y  

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

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