



Pre Physical Activity Monitoring Form

FORM CODE: BPA
VERSION A 10/09/2000

ID NUMBER:

CONTACT YEAR: 0 1

LAST NAME:

INITIALS:

1. Date monitor applied: / /

m m d d y y y y

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:

		:		
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 11b. AM A
 PM P

h h m m

ADMINISTRATIVE INFORMATION

12. Date of data collection:

		/			/				
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 y y y y

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:

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