Pre Physical Activity Monitoring Form

ID NUMBER: ___________________________ CONTACT YEAR: 0 1

LAST NAME: ___________________________ INITIALS: __________

1. Date monitor applied: …. __ __ / __ __/ __ __

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: \( \text{h h m m} \)
11b. AM A PM P

ADMINISTRATIVE INFORMATION

12. Date of data collection: \( \text{m m d d y y y y} \)


14. Code number of person completing this form:  \( \text{B P A/V} \)