



British Regional Heart Study Activity Monitor Log

Please record when you wear the Activity Monitor
during the next seven days.

Example

Monitor attached		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Day	wednesday	Date:	<u>07/03/2012</u>
Time	am <input checked="" type="checkbox"/>	Time	am <input type="checkbox"/>
put on:	<u>08:15</u> pm <input type="checkbox"/>	taken off	<u>10:50</u> pm <input checked="" type="checkbox"/>
Was the monitor taken off at any other time?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If Yes, please provide details:-			
Time monitor taken off		Time monitor put back on	
	am pm		am pm
_____:	_____ <input type="checkbox"/> <input type="checkbox"/>	_____:	_____ <input type="checkbox"/> <input type="checkbox"/>
_____:	_____ <input type="checkbox"/> <input type="checkbox"/>	_____:	_____ <input type="checkbox"/> <input type="checkbox"/>
_____:	_____ <input type="checkbox"/> <input type="checkbox"/>	_____:	_____ <input type="checkbox"/> <input type="checkbox"/>
<div> <div>Did you go swimming today?</div> <div> <div>Yes</div> <div>No</div> </div> </div> <div> <div>Did you go cycling today?</div> <div> <div>Yes</div> <div>No</div> </div> </div>			

Day 1

Monitor attached? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Day _____		Date: __ / __ / __	
Time _____ am <input type="checkbox"/> put on: ____: ____ pm <input type="checkbox"/>		Time _____ am <input type="checkbox"/> taken off ____: ____ pm <input type="checkbox"/>	
Was the monitor taken off at any other time? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If Yes, please provide details:-			
Time monitor taken off		Time monitor put back on	
_____:	_____ am <input type="checkbox"/> pm <input type="checkbox"/>	_____:	_____ am <input type="checkbox"/> pm <input type="checkbox"/>
_____:	_____ am <input type="checkbox"/> pm <input type="checkbox"/>	_____:	_____ am <input type="checkbox"/> pm <input type="checkbox"/>
_____:	_____ am <input type="checkbox"/> pm <input type="checkbox"/>	_____:	_____ am <input type="checkbox"/> pm <input type="checkbox"/>
Did you go swimming today?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Did you go cycling today?		Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you forget to wear the monitor today, please note this on the record.

Day 2

Monitor attached? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Day _____		Date: ____ / ____ / ____	
Time put on: ____: ____ am <input type="checkbox"/> pm <input type="checkbox"/>		Time taken off ____: ____ am <input type="checkbox"/> pm <input type="checkbox"/>	
Was the monitor taken off at any other time? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If Yes, please provide details:-			
Time monitor taken off		Time monitor put back on	
_____:	_____ am <input type="checkbox"/> pm <input type="checkbox"/>	_____:	_____ am <input type="checkbox"/> pm <input type="checkbox"/>
_____:	_____ am <input type="checkbox"/> pm <input type="checkbox"/>	_____:	_____ am <input type="checkbox"/> pm <input type="checkbox"/>
_____:	_____ am <input type="checkbox"/> pm <input type="checkbox"/>	_____:	_____ am <input type="checkbox"/> pm <input type="checkbox"/>
Did you go swimming today?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Did you go cycling today?		Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you forget to wear the monitor today, please note this on the record.

Day 3

Monitor attached? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Day _____		Date: __ / __ / __	
Time _____ am <input type="checkbox"/> put on: ____: ____ pm <input type="checkbox"/>		Time _____ am <input type="checkbox"/> taken off ____: ____ pm <input type="checkbox"/>	
Was the monitor taken off at any other time? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If Yes, please provide details:-			
Time monitor taken off		Time monitor put back on	
_____:	_____ am <input type="checkbox"/> pm <input type="checkbox"/>	_____:	_____ am <input type="checkbox"/> pm <input type="checkbox"/>
_____:	_____ am <input type="checkbox"/> pm <input type="checkbox"/>	_____:	_____ am <input type="checkbox"/> pm <input type="checkbox"/>
_____:	_____ am <input type="checkbox"/> pm <input type="checkbox"/>	_____:	_____ am <input type="checkbox"/> pm <input type="checkbox"/>
Did you go swimming today?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Did you go cycling today?		Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you forget to wear the monitor today, please note this on the record.

Day 4

Monitor attached? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Day _____		Date: __ / __ / __	
Time _____ am <input type="checkbox"/> put on: ____: ____ pm <input type="checkbox"/>		Time _____ am <input type="checkbox"/> taken off ____: ____ pm <input type="checkbox"/>	
Was the monitor taken off at any other time? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If Yes, please provide details:-			
Time monitor taken off		Time monitor put back on	
_____:	_____ am <input type="checkbox"/> pm <input type="checkbox"/>	_____:	_____ am <input type="checkbox"/> pm <input type="checkbox"/>
_____:	_____ am <input type="checkbox"/> pm <input type="checkbox"/>	_____:	_____ am <input type="checkbox"/> pm <input type="checkbox"/>
_____:	_____ am <input type="checkbox"/> pm <input type="checkbox"/>	_____:	_____ am <input type="checkbox"/> pm <input type="checkbox"/>
Did you go swimming today?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Did you go cycling today?		<input type="checkbox"/>	<input type="checkbox"/>

If you forget to wear the monitor today, please note this on the record.

Day 5

Monitor attached? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Day _____		Date: __ / __ / __	
Time _____ am <input type="checkbox"/> put on: ____: ____ pm <input type="checkbox"/>		Time _____ am <input type="checkbox"/> taken off ____: ____ pm <input type="checkbox"/>	
Was the monitor taken off at any other time? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If Yes, please provide details:-			
Time monitor taken off		Time monitor put back on	
_____:	_____ am <input type="checkbox"/> pm <input type="checkbox"/>	_____:	_____ am <input type="checkbox"/> pm <input type="checkbox"/>
_____:	_____ am <input type="checkbox"/> pm <input type="checkbox"/>	_____:	_____ am <input type="checkbox"/> pm <input type="checkbox"/>
_____:	_____ am <input type="checkbox"/> pm <input type="checkbox"/>	_____:	_____ am <input type="checkbox"/> pm <input type="checkbox"/>
Did you go swimming today?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Did you go cycling today?		Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you forget to wear the monitor today, please note this on the record.

Day 6

Monitor attached? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Day _____		Date: __ / __ / __	
Time _____ am <input type="checkbox"/> put on: ____: ____ pm <input type="checkbox"/>		Time _____ am <input type="checkbox"/> taken off ____: ____ pm <input type="checkbox"/>	
Was the monitor taken off at any other time? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If Yes, please provide details:-			
Time monitor taken off		Time monitor put back on	
_____:	_____ am <input type="checkbox"/> pm <input type="checkbox"/>	_____:	_____ am <input type="checkbox"/> pm <input type="checkbox"/>
_____:	_____ am <input type="checkbox"/> pm <input type="checkbox"/>	_____:	_____ am <input type="checkbox"/> pm <input type="checkbox"/>
_____:	_____ am <input type="checkbox"/> pm <input type="checkbox"/>	_____:	_____ am <input type="checkbox"/> pm <input type="checkbox"/>
Did you go swimming today?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Did you go cycling today?		Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you forget to wear the monitor today, please note this on the record.

Day 7

Monitor attached? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Day _____		Date: __ / __ / __	
Time _____ am <input type="checkbox"/> put on: ____: ____ pm <input type="checkbox"/>		Time _____ am <input type="checkbox"/> taken off ____: ____ pm <input type="checkbox"/>	
Was the monitor taken off at any other time? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If Yes, please provide details:-			
Time monitor taken off		Time monitor put back on	
_____:	_____	_____:	_____
	am <input type="checkbox"/> pm <input type="checkbox"/>		am <input type="checkbox"/> pm <input type="checkbox"/>
_____:	_____	_____:	_____
	am <input type="checkbox"/> pm <input type="checkbox"/>		am <input type="checkbox"/> pm <input type="checkbox"/>
_____:	_____	_____:	_____
	am <input type="checkbox"/> pm <input type="checkbox"/>		am <input type="checkbox"/> pm <input type="checkbox"/>
<div style="text-align: right; margin-right: 100px;">Yes No</div> <div>Did you go swimming today? <input type="checkbox"/> <input type="checkbox"/></div> <div>Did you go cycling today? <input type="checkbox"/> <input type="checkbox"/></div>			

If you forget to wear the monitor today, please note this on the record.

Please continue over the page ➞

At the end of the seven days, please answer these questions.

The past seven days:

1 Has this been a normal week for you regarding the amount and type of activity that you have done?

Yes - it was the same as usual ☐₁

No - I have done more than usual ☐₂

No - I have done less than usual ☐₃

1.1 If **No**, why is this different from usual (list as many as apply)

Current illness or injury ☐₁

A recent fall that limits mobility ☐₁

The weather prevented my normal activities ☐₁

Other, please give details

Thank you for wearing the activity monitor and completing these questions.

Your continued participation in this study is greatly appreciated.

Please return this form with the questionnaire and monitor in the pre-paid envelope provided.

British Regional Heart Study
Department of Primary Care & Population Health
Institute of Epidemiology and Health Care
UCL Faculty of Population Health Sciences
UCL Medical School
Royal Free Campus
Rowland Hill Street
London NW3 2PF

Tel: 020 7830 2335 Fax: 020 7472 6871