For office use only.

## **Stepwatch Activity Monitor-Seven Day Diary**

### Version: 08/28/2006



### **Directions:**

**Placement:** The Stepwatch Activity Monitor (SAM) must be worn with the rounded end UP. The writing on the case should appear right-side-up to someone standing next to you. The SAM should be placed just above your ankle bone on either side of either leg. It should not be worn on the front or back of the ankle. The Velcro strap can be adjusted for comfort. You may wear an extra sock if you would like additional padding.

**Timing:** Please wear the SAM for seven full days. The SAM should be worn from the time you wake up until you go to bed at night. It may be helpful to put the SAM by your alarm clock, glasses, coffee maker or other devices that are part of your daily morning routine in order to remember to put it on. Please also place the SAM **reminder notes** in places that you see early in the morning. For example, one note could be placed on your bathroom mirror and another on the inside of the front door of your house. The SAM is waterproof and can be worn for bathing or swimming. However, the wet strap may be uncomfortable. Therefore, the SAM can be removed for water activities. If you swim or do water sports regularly and would like an extra strap especially for the water, please request one.

If you prefer not to think about putting the SAM on in the morning **you may wear** it in bed, leaving it on all day and all night.

**Care:** Although the SAM is sturdy, please treat it with care. The SAM should not be kept in hot places, such as the dashboard of a car.

The SAM is always washed before and after it is given to a study participant. If you wish to clean the strap mid-week, you may dip it in alcohol just before you go to bed and hang it to dry overnight. In the morning, reinsert the strap such that the smoother side will be against your leg. The monitor can be wiped clean with a damp washcloth only.

**Diary:** Please complete Day 1 of the Activity Diary after you have worn the SAM for one full day. Continue wearing the SAM and filling out the Activity Diary until you have worn the SAM for **seven full days**. Please complete the Activity Diary each night before you go to bed or the following morning.

**Missed Days:** If you forget to wear the SAM for 5 or more hours during a day, you should cross out that day on your activity diary. You should wear the monitor an additional day and fill out a **make-up day** in the activity diary to make-up the missing day. A maximum of 3 missed days can be made up.

**Returning the SAM:** No matter how many days you wear the SAM, please put the SAM and the diary in the mail, within 10 days of receiving it, using the preaddressed stamped envelope that you were given at your clinic visit. If you lose the envelope you should immediately call for a replacement. If you have any questions about wearing the SAM or how to fill out this activity diary please call your LABS coordinator (see last page for your LABS coordinators name and phone number) for instructions.

# Please put on your Step Activity Monitor (SAM)



This Side Up.

# Please put on your Step Activity Monitor (SAM)

This Side Up.



Cut here -----

# Please fill out the following question AFTER you had worn the SAM, prior to returning it to the LABS Coordinator.

- 1. Please check the statement that best describes your physical activity level on the days you wore the Stepwatch Activity Monitor this week. (*Check only one*)
  - 1. I was <u>much</u> more active than usual.
  - 2. I was active at about my usual level.
  - 3. I was <u>much</u> less active than usual.

Please return the SAM in the pre-addressed stamped envelope that you were given at your clinic visit by \_\_\_\_\_\_ (COORDINATOR: FILL IN DATE 10 DAYS AFTER SAM IS GIVEN OUT). If you have lost the envelope please call your LABS coordinator for a replacement.

[coordinator name]

[coordinator phone number].

### Please <u>do not</u> fill out the following questions. For official use only

1. How many week days (Monday-Friday) was the SAM worn?

2. How many weekend days (Saturday-Sunday) was the SAM worn?

			,	DAY 1		Patient ID		
Date: / /	20		□ Monday	Tuesday	U Wednesda	□ ay Thursday Fi	□ □ riday Saturday	
		s out this p	bage and make u	ip a day afte	r day 7.	<u> </u>		
• between wh	en you got o	out of bed i off the SA	in the morning a M and got into	and put on y		ncludes the time		
□ 0-1 ho	$\Box 0-1 \text{ hours} \qquad \Box 1-2 \text{ hours} \qquad \Box 3-4 \text{ hours} \qquad \Box 5 \text{ or more hours}^*$							
*If you removed	the monitor f	for 5 or ma	ore hours today	please make	e up a day aj	fter day 7		
3. Did you walk to	day specific	ally for ex			ll minutes wa	alked for exercise	min.	
						ou did today, and for <u>specifically for exerc</u>		
not listed below	, please spec	cify the ac	tivities after "o	other."				
□ Aerobic Dance	m	in. 🗆	Horseshoes		min.	□ Skating (ice/roller)	min.	
□ Backpacking	m	in. 🗆	Jogging/runnin	g	min.	□ Snow skiing	min.	
□ Badminton	m	in. 🗆	Jump roping		min.	□ Snorkeling	min.	
□ Basketball	m	in. 🗆	Lacrosse		min.	□ Snow shoeing	min.	
□ Baseball	m	in. 🗆	Life Circuit we	ights	min.	□ Softball	min.	
□ Bicycling	m	in. 🗆	Martial Arts		min.	□ Spinning/cycling	min.	
□ Bowling	m	in. 🗆	Miniature golf		min.	□ Stairmaster	min.	
□ Calisthenics	m	in. 🗆	Nautilus		min.	□ Step aerobics	min.	
Canoe/Kayaking	m	in. 🗆	Nordic Track		min.	□ Stretching exercices	s min.	
□ Cardio glide	m	in. 🗆	Pilates		min.	□ Swimming (laps)	min.	
Cross trainer	m	in. 🗆	Ping pong		min.	🗆 Tai Chi	min.	
□ Dancing	m	in. 🗆	Play with kid (	active)	min.	□ Tennis/platform ten	nnis min.	
Fishing	m	in. 🗆	Punching bag		min.	Ultimate frisbee	min.	
Football	m	in. 🗆	Racquetball		min.	□ Volleyball	min.	
Frisbee	m	in. 🗆	Rafting		min.	□ Water jogging/aero	bics min.	
□ Gardening	m	in. 🗆	Rock climbing		min.	□ Water skiing	min.	
□ Golf	m	in. 🗆	Rollerblading		min.	□ Weight lifting	min.	
🗆 Handball	m	in.	Rowing		min.	□ Wrestling	min.	
🗆 Hiking	m	in.	Sailing or padd	le boat	min.	🗆 Yoga	min.	
□ Hockey	m	in. 🗆	Scuba diving		min.	□ Other	min.	
□ Horseback riding	m	in.	Shuffleboard		min.	□ Other	min.	
Hunting	m	in. 🗆	Soccer		min.	□ Other	min.	

			1	DAY 2		Patient ID		
Date: /	_/ 20		□ Monday	Tuesday	□ Wednesda	uy Thursday Frida	□ y Saturday	
		s out this	page and make t	ıp a day afte	r day 7.			
• between v	when you got	out of bed off the SA	in the morning a AM and got into	and put on ye		ncludes the time		
□ 0-1 h	$\Box 0-1 \text{ hour} \qquad \Box 1-2 \text{ hours} \qquad \Box 3-4 \text{ hours} \qquad \Box 5 \text{ or more hours}^*$							
*If you remove	d the monitor	for 5 or m	ore hours today	please make	e up a day af	îter day 7		
you check ind	of physical ac icate how lon	tivities be ig you did	□ 1. Y	ES —>Tota ck any activ f you did an	ities that yo	ulked for exercise ou did today, and for ea specifically for exercise	ch activity that	
□ Aerobic Dance	n	nin.	Horseshoes		min.	Skating (ice/roller)	min.	
□ Backpacking	n	nin.	Jogging/runnin	g	min. [	□ Snow skiing	min.	
□ Badminton	n	nin.	Jump roping		min. [	□ Snorkeling	min.	
□ Basketball	n	nin.	Lacrosse		min. [	Snow shoeing	min.	
□ Baseball	n	nin.	Life Circuit we	ights	min. [	□ Softball	min.	
□ Bicycling	n	nin.	Martial Arts		min. [	□ Spinning/cycling	min.	
□ Bowling	n	nin.	Miniature golf		min. [	Stairmaster	min.	
□ Calisthenics	n	nin.	] Nautilus		min. [	□ Step aerobics	min.	
Canoe/Kayaking	gn	nin.	Nordic Track		min. [	□ Stretching exercices	min.	
Cardio glide	n	nin.	] Pilates		min. [	Swimming (laps)	min.	
Cross trainer	n	nin.	Ping pong		min. [	🗆 Tai Chi	min.	
□ Dancing	n	nin.	Play with kid (	active)	min. [	□ Tennis/platform tennis	min.	
Fishing	n	nin.	Dunching bag		min. [	Ultimate frisbee	min.	
Football	n	nin.	Racquetball		min. [	□ Volleyball	min.	
□ Frisbee	n	nin.	Rafting		min. [	□ Water jogging/aerobic	s min.	
□ Gardening	n	nin.	Rock climbing		min. [	□ Water skiing	min.	
□ Golf	n	nin.	Rollerblading		min. [	UWeight lifting	min.	
Handball	n	nin.	Rowing		min. [	□ Wrestling	min.	
🗆 Hiking	n	nin.	Sailing or padd	lle boat	min. [	🗆 Yoga	min.	
□ Hockey	n	nin.	Scuba diving		min. [	Other	min.	
□ Horseback ridin	gn	nin.	Shuffleboard		min. [	Other	min.	
□ Hunting	n	nin.	Soccer		min. [	Other	min.	

				DAY 3		Patient ID	<sup>_</sup>
Date: /	_/ 20			Tuesday	□ Wednesda	ny Thursday Frida	□ ny Saturday
		ss out this	page and make ı	ip a day after	r day 7.		
• between	when you got	out of bed k off the S	l in the morning a AM and got into	and put on ye		ncludes the time	
$\Box \ 0-1 \text{ hour} \qquad \Box \ 1-2 \text{ hours} \qquad \Box \ 3-4 \text{ hours} \qquad \Box \ 5 \text{ or more hours}^*$							
*If you remove	ed the monitor	r for 5 or n	nore hours today	please make	e up a day af	fter day 7	
3. Did you walk	today specifi	cally for e			1 minutes we	alked for exercise	min
						ou did today, and for ea <u>specifically for exercise</u>	
			ctivities after "o		•	-	·
Aerobic Dance	1	min.	□ Horseshoes		min.	Skating (ice/roller)	min.
□ Backpacking	1	min.	Jogging/runnin	g	min.	□ Snow skiing	min.
□ Badminton	1	min.	□ Jump roping		min.	□ Snorkeling	min.
□ Basketball	1	min.	□ Lacrosse		min.	□ Snow shoeing	min.
□ Baseball	1	min.	Life Circuit we	ights	min.	□ Softball	min.
	1	min.	□ Martial Arts		min.	□ Spinning/cycling	min.
□ Bowling	1	min.	□ Miniature golf		min.	□ Stairmaster	min.
□ Calisthenics	1	min.	□ Nautilus		min.	□ Step aerobics	min.
Canoe/Kayakin	ıg 1	min.	Nordic Track		min.	□ Stretching exercices	min.
□ Cardio glide	1	min.	□ Pilates		min.	□ Swimming (laps)	min.
Cross trainer	1	min.	□ Ping pong		min.	🗆 Tai Chi	min.
□ Dancing	1	min.	DPlay with kid (	active)	min.	□ Tennis/platform tennis	min.
□ Fishing	1	min.	Dunching bag		min.	Ultimate frisbee	min.
□ Football	1	min.	Racquetball		min.	□ Volleyball	min.
□ Frisbee	1	min.	Rafting		min.	□ Water jogging/aerobic	s min.
□ Gardening	1	min.	Rock climbing		min.	□ Water skiing	min.
□ Golf	1	min.	Rollerblading		min.	□ Weight lifting	min.
🗆 Handball	1	min.	□ Rowing		min.	□ Wrestling	min.
Hiking	1	min.	□ Sailing or padd	le boat	min.	🗆 Yoga	min.
□ Hockey	1	min.	Scuba diving		min.	Other	min.
□ Horseback ridir	ng 1	min.	Shuffleboard		min.	Other	min.
□ Hunting	1	min.	Soccer		min.	Other	min.

			1	DAY 4		Patient ID		·
Date: /	/ 20	□ Sunday		□ Tuesday	□ Wednesda	□ ny Thursday F	□ riday	□ Saturday
		oss out this	s page and make u	ıp a day afte	r day 7.			
<ul><li>between</li><li>between</li></ul>	when you got	t out of be to the S	oday, but not we d in the morning a SAM and got into uring the day	and put on ye		ncludes the time		
□ 0-1	$\Box 0-1 \text{ hours} \qquad \Box 1-2 \text{ hours} \qquad \Box 3-4 \text{ hours} \qquad \Box 5 \text{ or more hours}^*$							
*If you remov	red the monitor	r for 5 or i	more hours today	please make	e up a day af	fter day 7		
<ul> <li>3. Did you walk today specifically for exercise?  <ul> <li>0. NO</li> <li>1. YES —&gt;Total minutes walked for exercise min.</li> </ul> </li> <li>4. Using the list of physical activities below, please check any activities that you did today, and for each activity that you check indicate how long you did the activity. If you did any activities <u>specifically for exercise</u> today that are not listed below, please specify the activities after "other."</li> </ul>								
		-	□ Horseshoes		min.	Skating (ice/roller)		min.
□ Backpacking	1	min.	□ Jogging/runnin	g		□ Snow skiing		min.
	1	min.	□ Jump roping		min.	□ Snorkeling		min.
□ Basketball	1	min.			min.	Snow shoeing		min.
□ Baseball	I	min.	□ Life Circuit we	eights	min.	□ Softball		min.
	1	min.	□ Martial Arts		min.	□ Spinning/cycling		min.
□ Bowling	1	min.	□ Miniature golf		min.	□ Stairmaster		min.
□ Calisthenics	i	min.	🗆 Nautilus		min.	□ Step aerobics		min.
🗆 Canoe/Kayakii	ng :	min.	□ Nordic Track		min.	□ Stretching exercice	s	min.
Cardio glide	i	min.	□ Pilates		min.	Swimming (laps)		min.
Cross trainer	i	min.	□ Ping pong		min.	🗆 Tai Chi		min.
□ Dancing	i	min.	□ Play with kid (	active)	min.	□ Tennis/platform ter	nnis	min.
□ Fishing	i	min.	□ Punching bag		min.	Ultimate frisbee		min.
🗆 Football	i	min.	□ Racquetball		min.	□ Volleyball		min.
□ Frisbee	i	min.	□ Rafting		min.	□ Water jogging/aero	bics	min.
□ Gardening	1	min.	□ Rock climbing		min.	□ Water skiing		min.
□ Golf	i	min.	□ Rollerblading		min.	UWeight lifting		min.
□ Handball	i	min.	□ Rowing		min.	□ Wrestling		min.
□ Hiking	i	min.	□ Sailing or padd	lle boat	min.	🗆 Yoga		min.
□ Hockey	ī	min.	□ Scuba diving		min.	Other		min.
□ Horseback ridi	ng	min.	□ Shuffleboard		min.	Other		min.
□ Hunting	1	min.			min.	□ Other		min.

			DAY 5		Patient ID	
Date: / / 20						
	Sunda	y Monday	Tuesday	Wednesda	y Thursday Fri	iday Saturday
<b>1. Did you wear the SAN</b> $\Box$ 0. NO $\rightarrow$ Pleas $\Box$ 1. YES $\rightarrow$ Pleas	se cross out thi	is page and make u	ıp a day after	r day 7.		
-	u got out of be u took off the	ed in the morning a SAM and got into	and put on ye		ncludes the time	
□ 0-1 hour *If you removed the mo	$\Box 1-2 h$		-4 hours please make		more hours* ter day 7	
3. Did you walk today sp	pecifically for				11 1 6 .	
		□ 1. Y	ES —>Tota	l minutes wa	lked for exercise	min.
4. Using the list of physi you check indicate he not listed below, pleas	ow long you d	id the activity. I	f you did an			
□ Aerobic Dance	min.	□ Horseshoes		min. [	Skating (ice/roller)	min.
□ Backpacking	min.	□ Jogging/runnin	g	min. [	Snow skiing	min.
□ Badminton	min.	□ Jump roping		min. [	Snorkeling	min.
Basketball	min.	□ Lacrosse		min. [	Snow shoeing	min.
□ Baseball	min.	□ Life Circuit we	eights	min. [	Softball	min.
□ Bicycling	min.	□ Martial Arts		min. [	Spinning/cycling	min.
□ Bowling	min.	□ Miniature golf		min. [	Stairmaster	min.
Calisthenics	min.	□ Nautilus		min. [	Step aerobics	min.
Canoe/Kayaking	min.	Nordic Track		min. [	Stretching exercices	min.
Cardio glide	min.	□ Pilates		min. [	Swimming (laps)	min.
Cross trainer	min.	□ Ping pong		min. [	🗆 Tai Chi	min.
Dancing	min.	□ Play with kid (	active)	min. [	Tennis/platform ten	nis min.
□ Fishing	min.	□ Punching bag		min. [	Ultimate frisbee	min.
Football	min.	□ Racquetball		min. [	Volleyball	min.
□ Frisbee	min.	□ Rafting		min. [	□ Water jogging/aerob	oics min.
Gardening	min.	□ Rock climbing		min. [	Water skiing	min.
□ Golf	min.	□ Rollerblading		min. [	Uveight lifting	min.
□ Handball	min.	□ Rowing		min. [	Wrestling	min.
Hiking	min.	□ Sailing or padd	lle boat	min. [	□ Yoga	min.
Hockey	min.	□ Scuba diving		min. [	Other	min.
□ Horseback riding	min.	□ Shuffleboard		min. [	Other	min.
□ Hunting	min.			min. [	Other	min.

		,	DAY 6		Patient ID		
Date: / / 20	 Sunday			□ Wednesda	U y Thursday I	□ Friday	□ Saturday
<b>1. Did you wear the SAM</b> $\Box$ 0. NO $\rightarrow$ Please $\Box$ 1. YES $\rightarrow$ Please	cross out this	page and make t	ıp a day afte	r day 7.			
<ul> <li>2. How many hours were y</li> <li>between when you y</li> <li>between when you y</li> <li>that you removed the</li> </ul>	got out of bec ook off the S	l in the morning a AM and got into	and put on y		ncludes the time		
□ 0-1 hour *If you removed the mon	$\Box$ 1-2 ho		-4 hours please make		more hours* <i>ter day 7</i>		
3. Did you walk today spec	cifically for e			l minutes wa	lked for exercise		min
4. Using the list of physica you check indicate how not listed below, please	long you die	elow, please che l the activity. I	ck any activ f you did an	rities that yo	u did today, and fo	or each a	nctivity that
Aerobic Dance	_ min.	Horseshoes		min. [	Skating (ice/roller	) _	min.
□ Backpacking	_ min.	□ Jogging/runnin	g	min.	Snow skiing	_	min.
□ Badminton	_ min.	□ Jump roping		min.	□ Snorkeling	_	min.
□ Basketball	_ min.	□ Lacrosse		min. [	Snow shoeing	_	min.
□ Baseball	_ min.	□ Life Circuit we	ights	min. [	Softball	_	min.
Bicycling	min.	□ Martial Arts		min. [	Spinning/cycling	_	min.
□ Bowling	_ min.	□ Miniature golf		min. [	Stairmaster	_	min.
Calisthenics	_ min.	□ Nautilus		min. [	Step aerobics	_	min.
Canoe/Kayaking	_ min.	Nordic Track		min. [	Stretching exercic	es _	min.
Cardio glide	_ min.	□ Pilates		min. [	Swimming (laps)	_	min.
Cross trainer	_ min.	□ Ping pong		min. [	🗆 Tai Chi	_	min.
Dancing	_ min.	□ Play with kid (	active)	min. [	Tennis/platform te	nnis _	min.
Fishing	_ min.	□ Punching bag		min. [	Ultimate frisbee	_	min.
Football	_ min.	Racquetball		min. [	□ Volleyball	_	min.
□ Frisbee	_ min.	Rafting		min. [	□ Water jogging/aer	obics _	min.
Gardening	_ min.	Rock climbing		min. [	UWater skiing	_	min.
□ Golf	_ min.	Rollerblading		min. [	Uveight lifting	_	min.
Handball	_ min.	Rowing		min. [	Wrestling	_	min.
Hiking	_ min.	□ Sailing or padd	le boat	min. [	🗆 Yoga	_	min.
Hockey	_ min.	Scuba diving		min. [	□ Other		min.
□ Horseback riding	_ min.	Shuffleboard		min. [	Other		min.
Hunting	_ min.	Soccer		min. [	Other		min.

		I	DAY 7		Patient ID		
Date: / / 20	_ 🗆 🗆 Sunday	□ Monday	Tuesday	□ Wednesda	□ y Thursday I	□ Friday	□ Saturday
<b>1. Did you wear the SAM</b> $\Box$ 0. NO $\rightarrow$ Please $\Box$ 1. YES $\rightarrow$ Please	cross out this p	page and make u	p a day after	r day 7.			
<ul> <li>2. How many hours were</li> <li>between when you</li> <li>between when you</li> <li>that you removed the second second</li></ul>	got out of bed took off the SA	in the morning a AM and got into	and put on yo		ncludes the time		
□ 0-1 hour *If you removed the mon	$\Box 1-2 hous itor for 5 or methods and a second state of the secon$		4 hours please make		more hours* <i>Fer day 7</i>		
3. Did you walk today spe	cifically for ex			l minutes wa	lked for exercise	1	nin
4. Using the list of physica you check indicate how not listed below, please	v long you did	low, please cheo the activity. If	ck any activ f you did an	ities that yo	u did today, and fo	or each ac	ctivity that
Aerobic Dance	min. 🛛	Horseshoes		min. [	Skating (ice/roller	)	min.
□ Backpacking	min.	Jogging/runnin	g	min. [	Snow skiing		min.
□ Badminton	min. 🛛	Jump roping		min. [	Snorkeling		min.
□ Basketball	min. 🛛	Lacrosse		min. [	Snow shoeing		min.
□ Baseball	min. 🛛	Life Circuit we	ights	min. [	Softball		min.
Bicycling	min. 🛛	Martial Arts		min. [	Spinning/cycling		min.
□ Bowling	min.	Miniature golf		min. [	Stairmaster		min.
Calisthenics	min.	Nautilus		min. [	Step aerobics		min.
Canoe/Kayaking	min. 🛛	Nordic Track		min. [	Stretching exercic	es	min.
□ Cardio glide	min. 🛛	Pilates		min. [	Swimming (laps)		min.
Cross trainer	min.	Ping pong		min. [	🛛 Tai Chi		min.
Dancing	min.	Play with kid (a	active)	min. [	□ Tennis/platform te	nnis	min.
□ Fishing	min. 🛛	Punching bag		min. [	Ultimate frisbee		min.
Football	min. 🛛	Racquetball		min. [	Volleyball		min.
□ Frisbee	min.	Rafting		min. [	UWater jogging/aer	obics	min.
Gardening	min. 🛛	Rock climbing		min. [	UWater skiing		min.
□ Golf	min. 🛛	Rollerblading		min. [	Uveight lifting		min.
□ Handball	min.	Rowing		min. [	Wrestling		min.
□ Hiking	min. 🛛	Sailing or padd	le boat	min. [	Yoga		min.
Hockey	min. 🛛	Scuba diving		min. [	Other		min.
□ Horseback riding	min. 🛛	Shuffleboard		min. [	Other		min.
Hunting	min.	Soccer		min. [	Other		min.

If you have worn the SAM for **7 days** please return the SAM in the preaddressed stamped envelope that you were given at your clinic visit. If you have lost the envelope please call your LABS coordinator (see last page for your LABS coordinators name and phone number) for a replacement.

If you have worn the SAM for fewer than 7 days, please continue to wear the SAM and fill out the **make-up day**(s) in the diary for up to 3 additional days.

			Mak	e-up Day	or <b>1.</b>	Patient ID		
Date: / / 2	20				<b>y 1.</b>			
Dute: / / 2		unday	Monday	Tuesda			Friday	Saturday
	SAM today? Please cross ou Please continu		ge and make u	ıp a day at	fter day 7.			
• between whe	en you got out en you took off oved the monit	of bed in the SAM	the morning a I and got into	and put on		includes the tim	e	
□ 0-1 hou: *If you removed th		-2 hours 5 or more		-4 hours <i>please m</i> a		r more hours* <i>fter day 7</i>		
3. Did you walk tod	ay specifically	for exer			tal minutas u	ulliad for avarais	0	min
			□ 1. 1	LS —>10	Mai minutes w	alked for exercis	e	_ 111111.
4. Using the list of p you check indica not listed below,	te how long y	ou did th	e activity. I	f you did				
□ Aerobic Dance	min.	$\Box$ H	lorseshoes	_	min.	□ Skating (ice/re	oller) _	min.
□ Backpacking	min.	🗆 Jo	ogging/runnin	g _	min.	□ Snow skiing	-	min.
□ Badminton	min.	🗆 Jı	ump roping	_	min.	Snorkeling	-	min.
□ Basketball	min.	$\Box$ L	acrosse	_	min.	□ Snow shoeing	-	min.
□ Baseball	min.	$\Box$ L	ife Circuit we	ights _	min.	□ Softball	-	min.
	min.	$\Box$ N	Iartial Arts	_	min.	Spinning/cycl	ing _	min.
□ Bowling	min.	$\Box$ N	liniature golf	_	min.	□ Stairmaster	-	min.
□ Calisthenics	min.	$\Box$ N	lautilus	_	min.	□ Step aerobics	-	min.
Canoe/Kayaking	min.	$\Box$ N	lordic Track	_	min.	□ Stretching exe	ercices _	min.
□ Cardio glide	min.	$\Box \mathbf{P}$	ilates	_	min.	□ Swimming (la	ups) _	min.
Cross trainer	min.	$\Box \mathbf{P}$	ing pong	_	min.	🗆 Tai Chi	-	min.
□ Dancing	min.	$\Box \mathbf{P}$	lay with kid (a	active) _	min.	□ Tennis/platfor	rm tennis _	min.
□ Fishing	min.	$\Box \mathbf{P}$	unching bag	_	min.	Ultimate frisb	ee _	min.
□ Football	min.	$\Box$ R	acquetball	_	min.	🗆 Volleyball	-	min.
□ Frisbee	min.	$\Box$ R	afting	_	min.	UWater jogging	g/aerobics _	min.
□ Gardening	min.	$\Box$ R	ock climbing	_	min.	□ Water skiing	-	min.
□ Golf	min.	$\Box$ R	ollerblading	_	min.	Weight lifting	-	min.
Handball	min.	$\Box$ R	owing	_	min.	□ Wrestling	-	min.
□ Hiking	min.	□ S	ailing or padd	le boat _	min.	🗆 Yoga	-	min.
□ Hockey	min.	$\Box$ S	cuba diving	_	min.	Other		min.
□ Horseback riding	min.	□ S	huffleboard	_	min.	Other		min.
Hunting	min.	$\Box$ S	occer		min.	Other		min.

Mal	oup Doy 2.	If you have wee	m the SAN	7 dove nl	Patient ID ease return the S			
Date: / / 20								
		inday Monday	Tuesday	Wednesda	ay Thursday	Friday	Saturday	
	·	t this page and mak e	e up a day afte	er day 7.				
• between when	n you got out o n you took off	<b>ke today, but not</b> of bed in the mornin the SAM and got in or during the day	g and put on y		ncludes the time			
□ 0-1 hour □ 1-2 hours □ 3-4 hours □ 5 or more hours* *If you removed the monitor for 5 or more hours today please make up a day after day 7								
3. Did you walk toda				e up u uuy uj				
5. Diu you waik tou?	ly specifically			l minutes wa	alked for exercise	n	iin.	
	e how long yo		If you did an		ou did today, and fo specifically for exe			
□ Aerobic Dance	min.			min.	Skating (ice/roller	:)	min.	
□ Backpacking	min.	□ Jogging/rum	ning	min.	□ Snow skiing		min.	
□ Badminton	min.	□ Jump roping		min.	□ Snorkeling		min.	
□ Basketball	min.	□ Lacrosse		min.	□ Snow shoeing		min.	
□ Baseball	min.	Life Circuit	weights	min.	□ Softball		min.	
□ Bicycling	min.	□ Martial Arts		min.	□ Spinning/cycling		min.	
□ Bowling	min.	□ Miniature go	olf	min.	□ Stairmaster		min.	
□ Calisthenics	min.	□ Nautilus		min.	□ Step aerobics		min.	
Canoe/Kayaking	min.	□ Nordic Trac	K	min.	□ Stretching exercio	es	min.	
□ Cardio glide	min.	□ Pilates		min.	□ Swimming (laps)		min.	
□ Cross trainer	min.	□ Ping pong		min.	🗆 Tai Chi		min.	
□ Dancing	min.	□ Play with kie	d (active)	min.	□ Tennis/platform te	ennis	min.	
□ Fishing	min.	□ Punching ba	g	min.	Ultimate frisbee		min.	
□ Football	min.	□ Racquetball		min.	□ Volleyball		min.	
□ Frisbee	min.	□ Rafting		min.	□ Water jogging/aer	obics	min.	
□ Gardening	min.	□ Rock climbi	ng	min.	□ Water skiing		min.	
$\Box$ Golf	min.	□ Rollerbladin	g	min.	□ Weight lifting		min.	
🗆 Handball	min.	□ Rowing		min.	□ Wrestling		min.	
□ Hiking	min.	□ Sailing or pa	ddle boat	min.	□ Yoga		min.	
	min.	□ Scuba diving			□ Other		min.	
□ Horseback riding	min.		l		Other			
□ Hunting	min.			min.	Other		min.	

Backpacking       min.       Jogging/running       min.       Snow skiing       min.         Badminton       min.       Jump roping       min.       Snow skiing       min.         Basketball       min.       Lacrosse       min.       Snow shoeing       min.         Baseball       min.       Life Circuit weights       min.       Softball       min.         Bicycling       min.       Martial Arts       min.       Spinning/cycling       min.         Bowling       min.       Miniature golf       min.       Stairmaster       min.         Calisthenics       min.       Nautilus       min.       Stretching exercices       min.         Cardio glide       min.       Pilates       min.       Swimming (laps)       min.         Cross trainer       min.       Pilay with kid (active)       min.       Tennis/platform tennis       min.         Fishing       min.       Punching bag       min.       Volleyball       min.	Malza	un Doy 2. If	von have worn th	50 SAM 7	dova pl	Patient ID			
Sunday       Monday       Tuesday       Wednesday       Thursday       Friday       Saturday         1. Did you wear the SAM today?       0. NO → Please cross out this page and make up a day after day 7.       1. YES→ Please continue       1. YES→ Please contex today please make up a day after day 7       3. Did you walk today specifically for exercise?       0. NO       1. YES → Please contex today please check any activities that you did today, and for each activity that you check indicate how long you did the activities after "other."       Morobic Dance       min.       1. Jogging/running       min.       Saturday       min.         Backpacking       min.       1. Jogging/running       min.       Snow skiing       min.       Banewishing       min.         Baseball       min.       1. Life Circuit weights       min.       Snow skiing       min.       Banewishing       min.       Snow skiing       min.         Basechall       min.       1. Martia			•					Π	
□ 0. NO → Please cross out this page and make up a day after day 7.         □ 1. YES→ Please continue         2. How many hours were you awake today, but not wearing the SAM? This includes the time         • between when you took off the SAM and got into bed         • that you removed the monitor during the day         □ 0-1 hour       □ 1-2 hours       □ 3-4 hours       □ 5 or more hours*         *f you removed the monitor for 5 or more hours today please make up a day after day 7         3. Did you walk today specifically for exercise?       □ 0. NO       □ 1. YES → Total minutes walked for exercise min.         4. Using the list of physical activities below, please check any activities stat you did doay, and for each activity that you check indicate how long you did the activity. If you did any activities specifically for exercise today that are not listed below, please specify the activities after "other."         Aerobic Dance       min.       □ Junp roping       min.       □ Snow skiing       min.         Backpacking       min.       □ Junp roping       min.       □ Snow skiing       min.         Basketball       min.       □ Life Circuit weights       □ Snow shoeing       min.         Baseball       min.       □ Auging/running       min.       □ Snow shoeing       min.         Baseball       min.       □ Life Circuit weights       min.       □ Snow shoeing       min.				Tuesday	Wednesd	ay Thursday	Friday		
<ul> <li>between when you got out of bed in the morning and put on your SAM </li> <li>between when you took off the SAM and got into bed </li> <li>that you removed the monitor during the day </li> <li>0-1 hour </li> <li>1-2 hours </li> <li>3-4 hours </li> <li>5 or more hours* </li> <li>*<i>if you removed the monitor for 5 or more hours today please make up a day after day 7</i> </li> </ul> 3. Did you walk today specifically for exercise? <ul> <li>0. NO </li> <li>1. YES -&gt;Total minutes walked for exercise.</li> <li>min.</li> </ul> 4. Using the list of physical activities below, please check any activities that you did today, and for each activity that you check indicate how long you did the activity. If you did any activities specifically for exercise today that are not listed below, please specify the activities after "other." Aerobic Dance	$\Box$ 0. NO $\rightarrow$ Pl	ease cross out th	is page and make up	a day after	day 7.				
*/f you removed the monitor for 5 or more hours today please make up a day after day 7         3. Did you walk today specifically for exercise?       0. NO         1. YES>Total minutes walked for exercisemin.         4. Using the list of physical activities below, please check any activities that you did today, and for each activity that you check indicate how long you did the activity. If you did any activities specifically for exercise today that are not listed below, please specify the activities after "other."         Aerobic Dance       min.         Backpacking       min.         Jump roping       min.         Snow skiing       min.         Basketball       min.         Basketball       min.         Baseball       min.         Basketball       min.         Baseball       min.         Baseball       min.         Baseball       Miniature golf         Miniature golf       min.         Starimaster       min.         Cardio glide       min.         Pilates       min.         Swimming (laps)       min.         Dancing       min.         Ping pong       min.         Starimaster       min.         Baseball       min.         Bowling       min.	<ul><li>between when</li><li>between when</li></ul>	you got out of by you took off the	ed in the morning and SAM and got into be	d put on yo		includes the time			
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Padminton      min.       ] Jump roping      min.       ] Snorkeling      min.         Basketball      min.       ] Lacrosse      min.       ] Snorkeling      min.         Baseball      min.       ] Life Circuit weights      min.       ] Softball      min.         Bicycling      min.       ] Martial Arts      min.       ] Stairmaster      min.         Bowling      min.       ] Miniature golf      min.       ] Stairmaster      min.         Calisthenics      min.       ] Nautilus      min.       ] Step aerobics      min.         Canoe/Kayaking      min.       ] Nordic Track      min.       ] Stretching exercices      min.         Cardio glide      min.       ] Pilates      min.       ] Swimming (laps)      min.         Dancing      min.       ] Ping pong      min.       ] Tennis/platform tennis      min.         Fishing      min.       ] Punching bag      min.       ] Ultimate frisbee      min.         Football      min.       ] Racquetball      min.       ] Volleyball      min. </td <td>□ Aerobic Dance _</td> <td> min.</td> <td>□ Horseshoes</td> <td></td> <td> min.</td> <td>□ Skating (ice/rol</td> <td>ler) _</td> <td> min.</td>	□ Aerobic Dance _	min.	□ Horseshoes		min.	□ Skating (ice/rol	ler) _	min.	
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Bowling       min.       Miniature golf       min.       Stairmaster       min.         Calisthenics       min.       Nautilus       min.       Step aerobics       min.         Canoe/Kayaking       min.       Nordic Track       min.       Stretching exercices       min.         Cardio glide       min.       Pilates       min.       Swimming (laps)       min.         Cross trainer       min.       Ping pong       min.       Tai Chi       min.         Dancing       min.       Play with kid (active)       min.       Tennis/platform tennis       min.         Fishing       min.       Racquetball       min.       Volleyball       min.		min.	Life Circuit weig	shts	min.	□ Softball		min.	
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Football    min.    min.    min.    min.	□ Dancing	min.	□ Play with kid (ac	tive)	min.	□ Tennis/platform	n tennis	min.	
	□ Fishing	min.	□ Punching bag		min.	Ultimate frisbee	e _	min.	
Frisbee  min.   □ Rafting  min.   □ Water jogging/aerobics  min.	□ Football	min.	□ Racquetball		min.	□ Volleyball	_	min.	
	□ Frisbee	min.	□ Rafting		min.	□ Water jogging/a	aerobics _	min.	
Gardening min. Cock climbing min. Water skiing min.	□ Gardening _	min.	□ Rock climbing		min.	□ Water skiing	_	min.	
Golf min. Description Rollerblading min. Description Weight lifting min.	Golf	min.	□ Rollerblading		min.	□ Weight lifting		min.	
Handball min. Rowing min. Wrestling min.	□ Handball	min.			min.	□ Wrestling	_	min.	
Hiking min. Sailing or paddle boat min. Yoga min.	□ Hiking _	min.	□ Sailing or paddle	boat	min.	□ Yoga	_	min.	
		min.				□ Other		min.	
	2	min.	C						
		min.							

#### **PURPOSE:** To collect information regarding the patient's physical activity. Clinician/Coordinator **PERSON(S) RESPONSIBLE:** SOURCES OF INFORMATION: Patient WHEN TO ADMINISTER After patient provides informed consent for LABS-2. FORM: The SAM should be given to the patient at the baseline visit and at the 12-month/annual follow up visits. For the baseline visit, the SAM should be given to the patient if it can be worn for at least three days, not including the day of surgery. The three qualifying days can include the day of the LABS 2 baseline visit as long as the SAM is put on in time for the patient to wear it for at least 10 hours that day. If the SAM can not be worn for at least three days before surgery, the SAM should not be given to the patient. However, the patient can still participate in LABS 2. **GENERAL INSTRUCTIONS** The Diary associated with the SAM should be completed by the patient. Written instructions of how to complete the (Patient) diary are included with the diary. **GENERAL INSTRUTIONS:** Before the SAM is given/sent to the patient: (Clinician) (1) Read section 7 of the LABS-2 MOP that explains preparation and configuration of the SAM. Follow all instructions carefully. (2) Before meeting with the patient fill in the following information on the diary: the date/day on each page of the diary that corresponds to when the SAM is to be worn, and on the last page the date the SAM is to be returned and your name and phone number for reference in case the patient needs to make contact. (3) Review the directions with the patient. This includes placement, timing, care, the diary, missed days and returning the SAM. Let the participant know that he or she may wear the SAM 24 hours a day, including in the shower or pool (but not in a very hot bath or hot tub). Then show the participant two examples of activity reports. The first report should have 7 valid days of activity. The second report should have a couple days with greater than 10 hours of wear, a couple days with less than 10 hours of wear, and a couple days of no

#### Stepwatch Activity Monitor (SAM) – Seven Day Diary

	wear. Explain that we are unable to use several days of data from the second activity report because the SAM was not worn for much of the day.
	(4) A pre-addressed stamped envelope should be given to the patient so that the SAM can be returned. The date which corresponds to 10 days after the SAM was given to the patient should be recorded on the last page of the SAM Log in the format mm/dd/yyyy.
	(5) A letter regarding the SAM (see MOP appendix) should be sent by mail to the patient the day that they receive the SAM so that they receive the letter a day or two later. It may be helpful to have patients complete the address portion of the envelope, to ensure appropriate address is used.
	After patient returns the SAM:
	<ol> <li>Review the module for any missing items. Follow- up with patient if necessary to record missing items, or to clarify responses.</li> <li>Immediately download the SAM data, using the docking station, as outlined in section 7 of the LABS-2 MOP.</li> <li>On the last page of the SAM Log, the coordinator is required to record how many week days (M-F) that</li> </ol>
	<ul> <li>the SAM was worn and how many week-end days the SAM was worn.</li> <li>(4) Upon receipt of the SAM, after downloading the data, but prior to filtering, the Coordinator is responsible for printing out a SAM report and including it with the standardized letter included in continuous 7 of the MOD and mailing it to the patient.</li> </ul>
SCORING ALGORITHM:	section 7 of the MOP and mailing it to the patient.

DATA SECTION	COMPLETION INSTRUCTIONS
PATIENT ID:	Record the patient's ID number on the cover page of the SAM. The ID number is assigned via the ID registration application of the MATRIX Web Data Management System (MATRIX). Instructions on using this application are included in the MATRIX Manual. The ID should be written on every page of the SAM Diary.
	NOTE: The patient ID number is the same as that assigned to the patient as part of the LABS-1 study.
VISIT:	Record the visit number that the SAM corresponds to on the right hand corner of the cover page
	Patient selects whether he/she wore the SAM on that date. If <b>not</b> the patient should cross out the relevant diary page. Note three make-up pages are available to the patient and should be used in the event that the patient does not wear the SAM for 7 consecutive days.
	If the patient wore the SAM, then he/she should continue. Patient selects <b>how many aggregate hours</b> he/she was awake on that day, <b>but not wearing the SAM</b> . This includes the time between when he/she got out of bed in the morning and put on his/her SAM, between when he/she took of the SAM, and got into bed and anytime the monitor was removed during the day.
	Options include: 0-1 hours 1-2 hours 3-4 hours 5 or more hours.
	Note that if the SAM was not worn for 5 or more hours, the patient should wear the SAM for an additional day, for a make-up.
	Patient selects whether or not he/she walked specifically for exercise. If yes, the total minutes walked for exercise should be recorded. Using the list of physical activities below, the patient should check any activities that were done that day, and for each activity that was checked, the patient should indicate how

long the activity was done. If any of the activities were done <b>specifically for exercise</b> , are not listed then the activity
should be recorded after "other."