

Entered: __/__/20__

Initials: _____

Verified: __/__/20__

Initials: _____

Patient ID _____

Visit: _____

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.

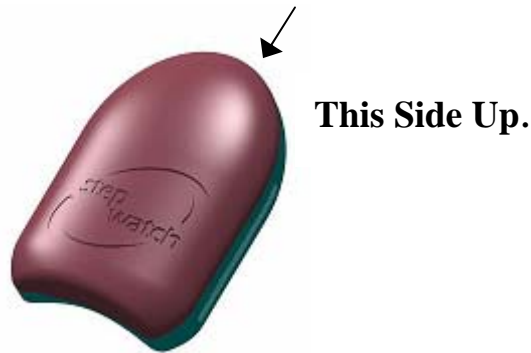
The SAM is always washed before and after it is given to a study participant. If you wish to clean the strap mid-week, you may dip it in alcohol just before you go to bed and hang it to dry overnight. In the morning, reinsert the strap such that the smoother side will be against your leg. The monitor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

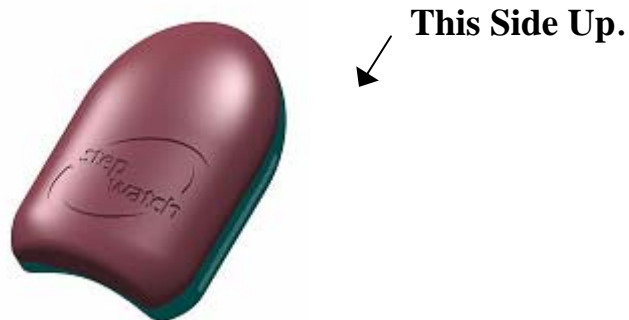
Returning the SAM: No matter how many days you wear the SAM, please put the SAM and the diary in the mail, within 10 days of receiving it, using the pre-addressed stamped envelope that you were given at your clinic visit. If you lose the envelope you should immediately call for a replacement. If you 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)



Cut here -----

Please put on your Step Activity Monitor (SAM)



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 much more active than usual.
 2. I was active at about my usual level.
 3. I was much 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 do not 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

Date: ___/___/20___ 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

2. How many hours were you awake today, but not wearing the SAM? This includes the time

- between when you got out of bed in the morning and put on your SAM
- 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*

**If 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 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.”

<input type="checkbox"/> Aerobic Dance _____ min.	<input type="checkbox"/> Horseshoes _____ min.	<input type="checkbox"/> Skating (ice/roller) _____ min.
<input type="checkbox"/> Backpacking _____ min.	<input type="checkbox"/> Jogging/running _____ min.	<input type="checkbox"/> Snow skiing _____ min.
<input type="checkbox"/> Badminton _____ min.	<input type="checkbox"/> Jump roping _____ min.	<input type="checkbox"/> Snorkeling _____ min.
<input type="checkbox"/> Basketball _____ min.	<input type="checkbox"/> Lacrosse _____ min.	<input type="checkbox"/> Snow shoeing _____ min.
<input type="checkbox"/> Baseball _____ min.	<input type="checkbox"/> Life Circuit weights _____ min.	<input type="checkbox"/> Softball _____ min.
<input type="checkbox"/> Bicycling _____ min.	<input type="checkbox"/> Martial Arts _____ min.	<input type="checkbox"/> Spinning/cycling _____ min.
<input type="checkbox"/> Bowling _____ min.	<input type="checkbox"/> Miniature golf _____ min.	<input type="checkbox"/> Stairmaster _____ min.
<input type="checkbox"/> Calisthenics _____ min.	<input type="checkbox"/> Nautilus _____ min.	<input type="checkbox"/> Step aerobics _____ min.
<input type="checkbox"/> Canoe/Kayaking _____ min.	<input type="checkbox"/> Nordic Track _____ min.	<input type="checkbox"/> Stretching exercises _____ min.
<input type="checkbox"/> Cardio glide _____ min.	<input type="checkbox"/> Pilates _____ min.	<input type="checkbox"/> Swimming (laps) _____ min.
<input type="checkbox"/> Cross trainer _____ min.	<input type="checkbox"/> Ping pong _____ min.	<input type="checkbox"/> Tai Chi _____ min.
<input type="checkbox"/> Dancing _____ min.	<input type="checkbox"/> Play with kid (active) _____ min.	<input type="checkbox"/> Tennis/platform tennis _____ min.
<input type="checkbox"/> Fishing _____ min.	<input type="checkbox"/> Punching bag _____ min.	<input type="checkbox"/> Ultimate frisbee _____ min.
<input type="checkbox"/> Football _____ min.	<input type="checkbox"/> Racquetball _____ min.	<input type="checkbox"/> Volleyball _____ min.
<input type="checkbox"/> Frisbee _____ min.	<input type="checkbox"/> Rafting _____ min.	<input type="checkbox"/> Water jogging/aerobics _____ min.
<input type="checkbox"/> Gardening _____ min.	<input type="checkbox"/> Rock climbing _____ min.	<input type="checkbox"/> Water skiing _____ min.
<input type="checkbox"/> Golf _____ min.	<input type="checkbox"/> Rollerblading _____ min.	<input type="checkbox"/> Weight lifting _____ min.
<input type="checkbox"/> Handball _____ min.	<input type="checkbox"/> Rowing _____ min.	<input type="checkbox"/> Wrestling _____ min.
<input type="checkbox"/> Hiking _____ min.	<input type="checkbox"/> Sailing or paddle boat _____ min.	<input type="checkbox"/> Yoga _____ min.
<input type="checkbox"/> Hockey _____ min.	<input type="checkbox"/> Scuba diving _____ min.	<input type="checkbox"/> Other _____ min.
<input type="checkbox"/> Horseback riding _____ min.	<input type="checkbox"/> Shuffleboard _____ min.	<input type="checkbox"/> Other _____ min.
<input type="checkbox"/> Hunting _____ min.	<input type="checkbox"/> Soccer _____ min.	<input type="checkbox"/> Other _____ min.

DAY 2

Date: ___/___/20___ 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

2. How many hours were you awake today, but not wearing the SAM? This includes the time

- between when you got out of bed in the morning and put on your SAM
- 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*

**If 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 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.”

<input type="checkbox"/> Aerobic Dance _____ min.	<input type="checkbox"/> Horseshoes _____ min.	<input type="checkbox"/> Skating (ice/roller) _____ min.
<input type="checkbox"/> Backpacking _____ min.	<input type="checkbox"/> Jogging/running _____ min.	<input type="checkbox"/> Snow skiing _____ min.
<input type="checkbox"/> Badminton _____ min.	<input type="checkbox"/> Jump roping _____ min.	<input type="checkbox"/> Snorkeling _____ min.
<input type="checkbox"/> Basketball _____ min.	<input type="checkbox"/> Lacrosse _____ min.	<input type="checkbox"/> Snow shoeing _____ min.
<input type="checkbox"/> Baseball _____ min.	<input type="checkbox"/> Life Circuit weights _____ min.	<input type="checkbox"/> Softball _____ min.
<input type="checkbox"/> Bicycling _____ min.	<input type="checkbox"/> Martial Arts _____ min.	<input type="checkbox"/> Spinning/cycling _____ min.
<input type="checkbox"/> Bowling _____ min.	<input type="checkbox"/> Miniature golf _____ min.	<input type="checkbox"/> Stairmaster _____ min.
<input type="checkbox"/> Calisthenics _____ min.	<input type="checkbox"/> Nautilus _____ min.	<input type="checkbox"/> Step aerobics _____ min.
<input type="checkbox"/> Canoe/Kayaking _____ min.	<input type="checkbox"/> Nordic Track _____ min.	<input type="checkbox"/> Stretching exercises _____ min.
<input type="checkbox"/> Cardio glide _____ min.	<input type="checkbox"/> Pilates _____ min.	<input type="checkbox"/> Swimming (laps) _____ min.
<input type="checkbox"/> Cross trainer _____ min.	<input type="checkbox"/> Ping pong _____ min.	<input type="checkbox"/> Tai Chi _____ min.
<input type="checkbox"/> Dancing _____ min.	<input type="checkbox"/> Play with kid (active) _____ min.	<input type="checkbox"/> Tennis/platform tennis _____ min.
<input type="checkbox"/> Fishing _____ min.	<input type="checkbox"/> Punching bag _____ min.	<input type="checkbox"/> Ultimate frisbee _____ min.
<input type="checkbox"/> Football _____ min.	<input type="checkbox"/> Racquetball _____ min.	<input type="checkbox"/> Volleyball _____ min.
<input type="checkbox"/> Frisbee _____ min.	<input type="checkbox"/> Rafting _____ min.	<input type="checkbox"/> Water jogging/aerobics _____ min.
<input type="checkbox"/> Gardening _____ min.	<input type="checkbox"/> Rock climbing _____ min.	<input type="checkbox"/> Water skiing _____ min.
<input type="checkbox"/> Golf _____ min.	<input type="checkbox"/> Rollerblading _____ min.	<input type="checkbox"/> Weight lifting _____ min.
<input type="checkbox"/> Handball _____ min.	<input type="checkbox"/> Rowing _____ min.	<input type="checkbox"/> Wrestling _____ min.
<input type="checkbox"/> Hiking _____ min.	<input type="checkbox"/> Sailing or paddle boat _____ min.	<input type="checkbox"/> Yoga _____ min.
<input type="checkbox"/> Hockey _____ min.	<input type="checkbox"/> Scuba diving _____ min.	<input type="checkbox"/> Other _____ min.
<input type="checkbox"/> Horseback riding _____ min.	<input type="checkbox"/> Shuffleboard _____ min.	<input type="checkbox"/> Other _____ min.
<input type="checkbox"/> Hunting _____ min.	<input type="checkbox"/> Soccer _____ min.	<input type="checkbox"/> Other _____ min.

DAY 3

Date: ___/___/20___ 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

2. How many hours were you awake today, but not wearing the SAM? This includes the time

- between when you got out of bed in the morning and put on your SAM
- 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*

**If 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 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."

<input type="checkbox"/> Aerobic Dance _____ min.	<input type="checkbox"/> Horseshoes _____ min.	<input type="checkbox"/> Skating (ice/roller) _____ min.
<input type="checkbox"/> Backpacking _____ min.	<input type="checkbox"/> Jogging/running _____ min.	<input type="checkbox"/> Snow skiing _____ min.
<input type="checkbox"/> Badminton _____ min.	<input type="checkbox"/> Jump roping _____ min.	<input type="checkbox"/> Snorkeling _____ min.
<input type="checkbox"/> Basketball _____ min.	<input type="checkbox"/> Lacrosse _____ min.	<input type="checkbox"/> Snow shoeing _____ min.
<input type="checkbox"/> Baseball _____ min.	<input type="checkbox"/> Life Circuit weights _____ min.	<input type="checkbox"/> Softball _____ min.
<input type="checkbox"/> Bicycling _____ min.	<input type="checkbox"/> Martial Arts _____ min.	<input type="checkbox"/> Spinning/cycling _____ min.
<input type="checkbox"/> Bowling _____ min.	<input type="checkbox"/> Miniature golf _____ min.	<input type="checkbox"/> Stairmaster _____ min.
<input type="checkbox"/> Calisthenics _____ min.	<input type="checkbox"/> Nautilus _____ min.	<input type="checkbox"/> Step aerobics _____ min.
<input type="checkbox"/> Canoe/Kayaking _____ min.	<input type="checkbox"/> Nordic Track _____ min.	<input type="checkbox"/> Stretching exercises _____ min.
<input type="checkbox"/> Cardio glide _____ min.	<input type="checkbox"/> Pilates _____ min.	<input type="checkbox"/> Swimming (laps) _____ min.
<input type="checkbox"/> Cross trainer _____ min.	<input type="checkbox"/> Ping pong _____ min.	<input type="checkbox"/> Tai Chi _____ min.
<input type="checkbox"/> Dancing _____ min.	<input type="checkbox"/> Play with kid (active) _____ min.	<input type="checkbox"/> Tennis/platform tennis _____ min.
<input type="checkbox"/> Fishing _____ min.	<input type="checkbox"/> Punching bag _____ min.	<input type="checkbox"/> Ultimate frisbee _____ min.
<input type="checkbox"/> Football _____ min.	<input type="checkbox"/> Racquetball _____ min.	<input type="checkbox"/> Volleyball _____ min.
<input type="checkbox"/> Frisbee _____ min.	<input type="checkbox"/> Rafting _____ min.	<input type="checkbox"/> Water jogging/aerobics _____ min.
<input type="checkbox"/> Gardening _____ min.	<input type="checkbox"/> Rock climbing _____ min.	<input type="checkbox"/> Water skiing _____ min.
<input type="checkbox"/> Golf _____ min.	<input type="checkbox"/> Rollerblading _____ min.	<input type="checkbox"/> Weight lifting _____ min.
<input type="checkbox"/> Handball _____ min.	<input type="checkbox"/> Rowing _____ min.	<input type="checkbox"/> Wrestling _____ min.
<input type="checkbox"/> Hiking _____ min.	<input type="checkbox"/> Sailing or paddle boat _____ min.	<input type="checkbox"/> Yoga _____ min.
<input type="checkbox"/> Hockey _____ min.	<input type="checkbox"/> Scuba diving _____ min.	<input type="checkbox"/> Other _____ min.
<input type="checkbox"/> Horseback riding _____ min.	<input type="checkbox"/> Shuffleboard _____ min.	<input type="checkbox"/> Other _____ min.
<input type="checkbox"/> Hunting _____ min.	<input type="checkbox"/> Soccer _____ min.	<input type="checkbox"/> Other _____ min.

DAY 4

Date: ____ / ____ / 20____ 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

2. How many hours were you awake today, but not wearing the SAM? This includes the time

- between when you got out of bed in the morning and put on your SAM
- 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*

**If 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 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."

<input type="checkbox"/> Aerobic Dance _____ min.	<input type="checkbox"/> Horseshoes _____ min.	<input type="checkbox"/> Skating (ice/roller) _____ min.
<input type="checkbox"/> Backpacking _____ min.	<input type="checkbox"/> Jogging/running _____ min.	<input type="checkbox"/> Snow skiing _____ min.
<input type="checkbox"/> Badminton _____ min.	<input type="checkbox"/> Jump roping _____ min.	<input type="checkbox"/> Snorkeling _____ min.
<input type="checkbox"/> Basketball _____ min.	<input type="checkbox"/> Lacrosse _____ min.	<input type="checkbox"/> Snow shoeing _____ min.
<input type="checkbox"/> Baseball _____ min.	<input type="checkbox"/> Life Circuit weights _____ min.	<input type="checkbox"/> Softball _____ min.
<input type="checkbox"/> Bicycling _____ min.	<input type="checkbox"/> Martial Arts _____ min.	<input type="checkbox"/> Spinning/cycling _____ min.
<input type="checkbox"/> Bowling _____ min.	<input type="checkbox"/> Miniature golf _____ min.	<input type="checkbox"/> Stairmaster _____ min.
<input type="checkbox"/> Calisthenics _____ min.	<input type="checkbox"/> Nautilus _____ min.	<input type="checkbox"/> Step aerobics _____ min.
<input type="checkbox"/> Canoe/Kayaking _____ min.	<input type="checkbox"/> Nordic Track _____ min.	<input type="checkbox"/> Stretching exercises _____ min.
<input type="checkbox"/> Cardio glide _____ min.	<input type="checkbox"/> Pilates _____ min.	<input type="checkbox"/> Swimming (laps) _____ min.
<input type="checkbox"/> Cross trainer _____ min.	<input type="checkbox"/> Ping pong _____ min.	<input type="checkbox"/> Tai Chi _____ min.
<input type="checkbox"/> Dancing _____ min.	<input type="checkbox"/> Play with kid (active) _____ min.	<input type="checkbox"/> Tennis/platform tennis _____ min.
<input type="checkbox"/> Fishing _____ min.	<input type="checkbox"/> Punching bag _____ min.	<input type="checkbox"/> Ultimate frisbee _____ min.
<input type="checkbox"/> Football _____ min.	<input type="checkbox"/> Racquetball _____ min.	<input type="checkbox"/> Volleyball _____ min.
<input type="checkbox"/> Frisbee _____ min.	<input type="checkbox"/> Rafting _____ min.	<input type="checkbox"/> Water jogging/aerobics _____ min.
<input type="checkbox"/> Gardening _____ min.	<input type="checkbox"/> Rock climbing _____ min.	<input type="checkbox"/> Water skiing _____ min.
<input type="checkbox"/> Golf _____ min.	<input type="checkbox"/> Rollerblading _____ min.	<input type="checkbox"/> Weight lifting _____ min.
<input type="checkbox"/> Handball _____ min.	<input type="checkbox"/> Rowing _____ min.	<input type="checkbox"/> Wrestling _____ min.
<input type="checkbox"/> Hiking _____ min.	<input type="checkbox"/> Sailing or paddle boat _____ min.	<input type="checkbox"/> Yoga _____ min.
<input type="checkbox"/> Hockey _____ min.	<input type="checkbox"/> Scuba diving _____ min.	<input type="checkbox"/> Other _____ min.
<input type="checkbox"/> Horseback riding _____ min.	<input type="checkbox"/> Shuffleboard _____ min.	<input type="checkbox"/> Other _____ min.
<input type="checkbox"/> Hunting _____ min.	<input type="checkbox"/> Soccer _____ min.	<input type="checkbox"/> Other _____ min.

DAY 5

Date: ___/___/20___ 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

2. How many hours were you awake today, but not wearing the SAM? This includes the time

- between when you got out of bed in the morning and put on your SAM
- 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*

**If 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 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."

<input type="checkbox"/> Aerobic Dance _____ min.	<input type="checkbox"/> Horseshoes _____ min.	<input type="checkbox"/> Skating (ice/roller) _____ min.
<input type="checkbox"/> Backpacking _____ min.	<input type="checkbox"/> Jogging/running _____ min.	<input type="checkbox"/> Snow skiing _____ min.
<input type="checkbox"/> Badminton _____ min.	<input type="checkbox"/> Jump roping _____ min.	<input type="checkbox"/> Snorkeling _____ min.
<input type="checkbox"/> Basketball _____ min.	<input type="checkbox"/> Lacrosse _____ min.	<input type="checkbox"/> Snow shoeing _____ min.
<input type="checkbox"/> Baseball _____ min.	<input type="checkbox"/> Life Circuit weights _____ min.	<input type="checkbox"/> Softball _____ min.
<input type="checkbox"/> Bicycling _____ min.	<input type="checkbox"/> Martial Arts _____ min.	<input type="checkbox"/> Spinning/cycling _____ min.
<input type="checkbox"/> Bowling _____ min.	<input type="checkbox"/> Miniature golf _____ min.	<input type="checkbox"/> Stairmaster _____ min.
<input type="checkbox"/> Calisthenics _____ min.	<input type="checkbox"/> Nautilus _____ min.	<input type="checkbox"/> Step aerobics _____ min.
<input type="checkbox"/> Canoe/Kayaking _____ min.	<input type="checkbox"/> Nordic Track _____ min.	<input type="checkbox"/> Stretching exercises _____ min.
<input type="checkbox"/> Cardio glide _____ min.	<input type="checkbox"/> Pilates _____ min.	<input type="checkbox"/> Swimming (laps) _____ min.
<input type="checkbox"/> Cross trainer _____ min.	<input type="checkbox"/> Ping pong _____ min.	<input type="checkbox"/> Tai Chi _____ min.
<input type="checkbox"/> Dancing _____ min.	<input type="checkbox"/> Play with kid (active) _____ min.	<input type="checkbox"/> Tennis/platform tennis _____ min.
<input type="checkbox"/> Fishing _____ min.	<input type="checkbox"/> Punching bag _____ min.	<input type="checkbox"/> Ultimate frisbee _____ min.
<input type="checkbox"/> Football _____ min.	<input type="checkbox"/> Racquetball _____ min.	<input type="checkbox"/> Volleyball _____ min.
<input type="checkbox"/> Frisbee _____ min.	<input type="checkbox"/> Rafting _____ min.	<input type="checkbox"/> Water jogging/aerobics _____ min.
<input type="checkbox"/> Gardening _____ min.	<input type="checkbox"/> Rock climbing _____ min.	<input type="checkbox"/> Water skiing _____ min.
<input type="checkbox"/> Golf _____ min.	<input type="checkbox"/> Rollerblading _____ min.	<input type="checkbox"/> Weight lifting _____ min.
<input type="checkbox"/> Handball _____ min.	<input type="checkbox"/> Rowing _____ min.	<input type="checkbox"/> Wrestling _____ min.
<input type="checkbox"/> Hiking _____ min.	<input type="checkbox"/> Sailing or paddle boat _____ min.	<input type="checkbox"/> Yoga _____ min.
<input type="checkbox"/> Hockey _____ min.	<input type="checkbox"/> Scuba diving _____ min.	<input type="checkbox"/> Other _____ min.
<input type="checkbox"/> Horseback riding _____ min.	<input type="checkbox"/> Shuffleboard _____ min.	<input type="checkbox"/> Other _____ min.
<input type="checkbox"/> Hunting _____ min.	<input type="checkbox"/> Soccer _____ min.	<input type="checkbox"/> Other _____ min.

DAY 6

Date: ___/___/20___ 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

2. How many hours were you awake today, but not wearing the SAM? This includes the time

- between when you got out of bed in the morning and put on your SAM
- 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*

**If 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 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.”

<input type="checkbox"/> Aerobic Dance _____ min.	<input type="checkbox"/> Horseshoes _____ min.	<input type="checkbox"/> Skating (ice/roller) _____ min.
<input type="checkbox"/> Backpacking _____ min.	<input type="checkbox"/> Jogging/running _____ min.	<input type="checkbox"/> Snow skiing _____ min.
<input type="checkbox"/> Badminton _____ min.	<input type="checkbox"/> Jump roping _____ min.	<input type="checkbox"/> Snorkeling _____ min.
<input type="checkbox"/> Basketball _____ min.	<input type="checkbox"/> Lacrosse _____ min.	<input type="checkbox"/> Snow shoeing _____ min.
<input type="checkbox"/> Baseball _____ min.	<input type="checkbox"/> Life Circuit weights _____ min.	<input type="checkbox"/> Softball _____ min.
<input type="checkbox"/> Bicycling _____ min.	<input type="checkbox"/> Martial Arts _____ min.	<input type="checkbox"/> Spinning/cycling _____ min.
<input type="checkbox"/> Bowling _____ min.	<input type="checkbox"/> Miniature golf _____ min.	<input type="checkbox"/> Stairmaster _____ min.
<input type="checkbox"/> Calisthenics _____ min.	<input type="checkbox"/> Nautilus _____ min.	<input type="checkbox"/> Step aerobics _____ min.
<input type="checkbox"/> Canoe/Kayaking _____ min.	<input type="checkbox"/> Nordic Track _____ min.	<input type="checkbox"/> Stretching exercises _____ min.
<input type="checkbox"/> Cardio glide _____ min.	<input type="checkbox"/> Pilates _____ min.	<input type="checkbox"/> Swimming (laps) _____ min.
<input type="checkbox"/> Cross trainer _____ min.	<input type="checkbox"/> Ping pong _____ min.	<input type="checkbox"/> Tai Chi _____ min.
<input type="checkbox"/> Dancing _____ min.	<input type="checkbox"/> Play with kid (active) _____ min.	<input type="checkbox"/> Tennis/platform tennis _____ min.
<input type="checkbox"/> Fishing _____ min.	<input type="checkbox"/> Punching bag _____ min.	<input type="checkbox"/> Ultimate frisbee _____ min.
<input type="checkbox"/> Football _____ min.	<input type="checkbox"/> Racquetball _____ min.	<input type="checkbox"/> Volleyball _____ min.
<input type="checkbox"/> Frisbee _____ min.	<input type="checkbox"/> Rafting _____ min.	<input type="checkbox"/> Water jogging/aerobics _____ min.
<input type="checkbox"/> Gardening _____ min.	<input type="checkbox"/> Rock climbing _____ min.	<input type="checkbox"/> Water skiing _____ min.
<input type="checkbox"/> Golf _____ min.	<input type="checkbox"/> Rollerblading _____ min.	<input type="checkbox"/> Weight lifting _____ min.
<input type="checkbox"/> Handball _____ min.	<input type="checkbox"/> Rowing _____ min.	<input type="checkbox"/> Wrestling _____ min.
<input type="checkbox"/> Hiking _____ min.	<input type="checkbox"/> Sailing or paddle boat _____ min.	<input type="checkbox"/> Yoga _____ min.
<input type="checkbox"/> Hockey _____ min.	<input type="checkbox"/> Scuba diving _____ min.	<input type="checkbox"/> Other _____ min.
<input type="checkbox"/> Horseback riding _____ min.	<input type="checkbox"/> Shuffleboard _____ min.	<input type="checkbox"/> Other _____ min.
<input type="checkbox"/> Hunting _____ min.	<input type="checkbox"/> Soccer _____ min.	<input type="checkbox"/> Other _____ min.

DAY 7

Date: ___/___/20___ 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

2. How many hours were you awake today, but not wearing the SAM? This includes the time

- between when you got out of bed in the morning and put on your SAM
- 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*

**If 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 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."

<input type="checkbox"/> Aerobic Dance _____ min.	<input type="checkbox"/> Horseshoes _____ min.	<input type="checkbox"/> Skating (ice/roller) _____ min.
<input type="checkbox"/> Backpacking _____ min.	<input type="checkbox"/> Jogging/running _____ min.	<input type="checkbox"/> Snow skiing _____ min.
<input type="checkbox"/> Badminton _____ min.	<input type="checkbox"/> Jump roping _____ min.	<input type="checkbox"/> Snorkeling _____ min.
<input type="checkbox"/> Basketball _____ min.	<input type="checkbox"/> Lacrosse _____ min.	<input type="checkbox"/> Snow shoeing _____ min.
<input type="checkbox"/> Baseball _____ min.	<input type="checkbox"/> Life Circuit weights _____ min.	<input type="checkbox"/> Softball _____ min.
<input type="checkbox"/> Bicycling _____ min.	<input type="checkbox"/> Martial Arts _____ min.	<input type="checkbox"/> Spinning/cycling _____ min.
<input type="checkbox"/> Bowling _____ min.	<input type="checkbox"/> Miniature golf _____ min.	<input type="checkbox"/> Stairmaster _____ min.
<input type="checkbox"/> Calisthenics _____ min.	<input type="checkbox"/> Nautilus _____ min.	<input type="checkbox"/> Step aerobics _____ min.
<input type="checkbox"/> Canoe/Kayaking _____ min.	<input type="checkbox"/> Nordic Track _____ min.	<input type="checkbox"/> Stretching exercises _____ min.
<input type="checkbox"/> Cardio glide _____ min.	<input type="checkbox"/> Pilates _____ min.	<input type="checkbox"/> Swimming (laps) _____ min.
<input type="checkbox"/> Cross trainer _____ min.	<input type="checkbox"/> Ping pong _____ min.	<input type="checkbox"/> Tai Chi _____ min.
<input type="checkbox"/> Dancing _____ min.	<input type="checkbox"/> Play with kid (active) _____ min.	<input type="checkbox"/> Tennis/platform tennis _____ min.
<input type="checkbox"/> Fishing _____ min.	<input type="checkbox"/> Punching bag _____ min.	<input type="checkbox"/> Ultimate frisbee _____ min.
<input type="checkbox"/> Football _____ min.	<input type="checkbox"/> Racquetball _____ min.	<input type="checkbox"/> Volleyball _____ min.
<input type="checkbox"/> Frisbee _____ min.	<input type="checkbox"/> Rafting _____ min.	<input type="checkbox"/> Water jogging/aerobics _____ min.
<input type="checkbox"/> Gardening _____ min.	<input type="checkbox"/> Rock climbing _____ min.	<input type="checkbox"/> Water skiing _____ min.
<input type="checkbox"/> Golf _____ min.	<input type="checkbox"/> Rollerblading _____ min.	<input type="checkbox"/> Weight lifting _____ min.
<input type="checkbox"/> Handball _____ min.	<input type="checkbox"/> Rowing _____ min.	<input type="checkbox"/> Wrestling _____ min.
<input type="checkbox"/> Hiking _____ min.	<input type="checkbox"/> Sailing or paddle boat _____ min.	<input type="checkbox"/> Yoga _____ min.
<input type="checkbox"/> Hockey _____ min.	<input type="checkbox"/> Scuba diving _____ min.	<input type="checkbox"/> Other _____ min.
<input type="checkbox"/> Horseback riding _____ min.	<input type="checkbox"/> Shuffleboard _____ min.	<input type="checkbox"/> Other _____ min.
<input type="checkbox"/> Hunting _____ min.	<input type="checkbox"/> Soccer _____ min.	<input type="checkbox"/> Other _____ min.

If you have worn the SAM for **7 days** please return the SAM in the pre-addressed 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.

Make-up Day 1:

Date: ____ / ____ / 20____ 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

2. How many hours were you awake today, but not wearing the SAM? This includes the time

- between when you got out of bed in the morning and put on your SAM
- 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*

**If 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 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."

<input type="checkbox"/> Aerobic Dance _____ min.	<input type="checkbox"/> Horseshoes _____ min.	<input type="checkbox"/> Skating (ice/roller) _____ min.
<input type="checkbox"/> Backpacking _____ min.	<input type="checkbox"/> Jogging/running _____ min.	<input type="checkbox"/> Snow skiing _____ min.
<input type="checkbox"/> Badminton _____ min.	<input type="checkbox"/> Jump roping _____ min.	<input type="checkbox"/> Snorkeling _____ min.
<input type="checkbox"/> Basketball _____ min.	<input type="checkbox"/> Lacrosse _____ min.	<input type="checkbox"/> Snow shoeing _____ min.
<input type="checkbox"/> Baseball _____ min.	<input type="checkbox"/> Life Circuit weights _____ min.	<input type="checkbox"/> Softball _____ min.
<input type="checkbox"/> Bicycling _____ min.	<input type="checkbox"/> Martial Arts _____ min.	<input type="checkbox"/> Spinning/cycling _____ min.
<input type="checkbox"/> Bowling _____ min.	<input type="checkbox"/> Miniature golf _____ min.	<input type="checkbox"/> Stairmaster _____ min.
<input type="checkbox"/> Calisthenics _____ min.	<input type="checkbox"/> Nautilus _____ min.	<input type="checkbox"/> Step aerobics _____ min.
<input type="checkbox"/> Canoe/Kayaking _____ min.	<input type="checkbox"/> Nordic Track _____ min.	<input type="checkbox"/> Stretching exercises _____ min.
<input type="checkbox"/> Cardio glide _____ min.	<input type="checkbox"/> Pilates _____ min.	<input type="checkbox"/> Swimming (laps) _____ min.
<input type="checkbox"/> Cross trainer _____ min.	<input type="checkbox"/> Ping pong _____ min.	<input type="checkbox"/> Tai Chi _____ min.
<input type="checkbox"/> Dancing _____ min.	<input type="checkbox"/> Play with kid (active) _____ min.	<input type="checkbox"/> Tennis/platform tennis _____ min.
<input type="checkbox"/> Fishing _____ min.	<input type="checkbox"/> Punching bag _____ min.	<input type="checkbox"/> Ultimate frisbee _____ min.
<input type="checkbox"/> Football _____ min.	<input type="checkbox"/> Racquetball _____ min.	<input type="checkbox"/> Volleyball _____ min.
<input type="checkbox"/> Frisbee _____ min.	<input type="checkbox"/> Rafting _____ min.	<input type="checkbox"/> Water jogging/aerobics _____ min.
<input type="checkbox"/> Gardening _____ min.	<input type="checkbox"/> Rock climbing _____ min.	<input type="checkbox"/> Water skiing _____ min.
<input type="checkbox"/> Golf _____ min.	<input type="checkbox"/> Rollerblading _____ min.	<input type="checkbox"/> Weight lifting _____ min.
<input type="checkbox"/> Handball _____ min.	<input type="checkbox"/> Rowing _____ min.	<input type="checkbox"/> Wrestling _____ min.
<input type="checkbox"/> Hiking _____ min.	<input type="checkbox"/> Sailing or paddle boat _____ min.	<input type="checkbox"/> Yoga _____ min.
<input type="checkbox"/> Hockey _____ min.	<input type="checkbox"/> Scuba diving _____ min.	<input type="checkbox"/> Other _____ _____ min.
<input type="checkbox"/> Horseback riding _____ min.	<input type="checkbox"/> Shuffleboard _____ min.	<input type="checkbox"/> Other _____ _____ min.
<input type="checkbox"/> Hunting _____ min.	<input type="checkbox"/> Soccer _____ min.	<input type="checkbox"/> Other _____ _____ min.

Make-up Day 2: If you have worn the SAM 7 days, please return the SAM.

Date: ___ / ___ / 20___ 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

2. How many hours were you awake today, but not wearing the SAM? This includes the time

- between when you got out of bed in the morning and put on your SAM
- 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*

**If 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 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."

<input type="checkbox"/> Aerobic Dance _____ min.	<input type="checkbox"/> Horseshoes _____ min.	<input type="checkbox"/> Skating (ice/roller) _____ min.
<input type="checkbox"/> Backpacking _____ min.	<input type="checkbox"/> Jogging/running _____ min.	<input type="checkbox"/> Snow skiing _____ min.
<input type="checkbox"/> Badminton _____ min.	<input type="checkbox"/> Jump roping _____ min.	<input type="checkbox"/> Snorkeling _____ min.
<input type="checkbox"/> Basketball _____ min.	<input type="checkbox"/> Lacrosse _____ min.	<input type="checkbox"/> Snow shoeing _____ min.
<input type="checkbox"/> Baseball _____ min.	<input type="checkbox"/> Life Circuit weights _____ min.	<input type="checkbox"/> Softball _____ min.
<input type="checkbox"/> Bicycling _____ min.	<input type="checkbox"/> Martial Arts _____ min.	<input type="checkbox"/> Spinning/cycling _____ min.
<input type="checkbox"/> Bowling _____ min.	<input type="checkbox"/> Miniature golf _____ min.	<input type="checkbox"/> Stairmaster _____ min.
<input type="checkbox"/> Calisthenics _____ min.	<input type="checkbox"/> Nautilus _____ min.	<input type="checkbox"/> Step aerobics _____ min.
<input type="checkbox"/> Canoe/Kayaking _____ min.	<input type="checkbox"/> Nordic Track _____ min.	<input type="checkbox"/> Stretching exercises _____ min.
<input type="checkbox"/> Cardio glide _____ min.	<input type="checkbox"/> Pilates _____ min.	<input type="checkbox"/> Swimming (laps) _____ min.
<input type="checkbox"/> Cross trainer _____ min.	<input type="checkbox"/> Ping pong _____ min.	<input type="checkbox"/> Tai Chi _____ min.
<input type="checkbox"/> Dancing _____ min.	<input type="checkbox"/> Play with kid (active) _____ min.	<input type="checkbox"/> Tennis/platform tennis _____ min.
<input type="checkbox"/> Fishing _____ min.	<input type="checkbox"/> Punching bag _____ min.	<input type="checkbox"/> Ultimate frisbee _____ min.
<input type="checkbox"/> Football _____ min.	<input type="checkbox"/> Racquetball _____ min.	<input type="checkbox"/> Volleyball _____ min.
<input type="checkbox"/> Frisbee _____ min.	<input type="checkbox"/> Rafting _____ min.	<input type="checkbox"/> Water jogging/aerobics _____ min.
<input type="checkbox"/> Gardening _____ min.	<input type="checkbox"/> Rock climbing _____ min.	<input type="checkbox"/> Water skiing _____ min.
<input type="checkbox"/> Golf _____ min.	<input type="checkbox"/> Rollerblading _____ min.	<input type="checkbox"/> Weight lifting _____ min.
<input type="checkbox"/> Handball _____ min.	<input type="checkbox"/> Rowing _____ min.	<input type="checkbox"/> Wrestling _____ min.
<input type="checkbox"/> Hiking _____ min.	<input type="checkbox"/> Sailing or paddle boat _____ min.	<input type="checkbox"/> Yoga _____ min.
<input type="checkbox"/> Hockey _____ min.	<input type="checkbox"/> Scuba diving _____ min.	<input type="checkbox"/> Other _____ min.
<input type="checkbox"/> Horseback riding _____ min.	<input type="checkbox"/> Shuffleboard _____ min.	<input type="checkbox"/> Other _____ min.
<input type="checkbox"/> Hunting _____ min.	<input type="checkbox"/> Soccer _____ min.	<input type="checkbox"/> Other _____ min.

Make-up Day 3: If you have worn the SAM 7 days, please return the SAM.

Date: ___ / ___ / 20___ 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

2. How many hours were you awake today, but not wearing the SAM? This includes the time

- between when you got out of bed in the morning and put on your SAM
- 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*

**If 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 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.”

<input type="checkbox"/> Aerobic Dance _____ min.	<input type="checkbox"/> Horseshoes _____ min.	<input type="checkbox"/> Skating (ice/roller) _____ min.
<input type="checkbox"/> Backpacking _____ min.	<input type="checkbox"/> Jogging/running _____ min.	<input type="checkbox"/> Snow skiing _____ min.
<input type="checkbox"/> Badminton _____ min.	<input type="checkbox"/> Jump roping _____ min.	<input type="checkbox"/> Snorkeling _____ min.
<input type="checkbox"/> Basketball _____ min.	<input type="checkbox"/> Lacrosse _____ min.	<input type="checkbox"/> Snow shoeing _____ min.
<input type="checkbox"/> Baseball _____ min.	<input type="checkbox"/> Life Circuit weights _____ min.	<input type="checkbox"/> Softball _____ min.
<input type="checkbox"/> Bicycling _____ min.	<input type="checkbox"/> Martial Arts _____ min.	<input type="checkbox"/> Spinning/cycling _____ min.
<input type="checkbox"/> Bowling _____ min.	<input type="checkbox"/> Miniature golf _____ min.	<input type="checkbox"/> Stairmaster _____ min.
<input type="checkbox"/> Calisthenics _____ min.	<input type="checkbox"/> Nautilus _____ min.	<input type="checkbox"/> Step aerobics _____ min.
<input type="checkbox"/> Canoe/Kayaking _____ min.	<input type="checkbox"/> Nordic Track _____ min.	<input type="checkbox"/> Stretching exercises _____ min.
<input type="checkbox"/> Cardio glide _____ min.	<input type="checkbox"/> Pilates _____ min.	<input type="checkbox"/> Swimming (laps) _____ min.
<input type="checkbox"/> Cross trainer _____ min.	<input type="checkbox"/> Ping pong _____ min.	<input type="checkbox"/> Tai Chi _____ min.
<input type="checkbox"/> Dancing _____ min.	<input type="checkbox"/> Play with kid (active) _____ min.	<input type="checkbox"/> Tennis/platform tennis _____ min.
<input type="checkbox"/> Fishing _____ min.	<input type="checkbox"/> Punching bag _____ min.	<input type="checkbox"/> Ultimate frisbee _____ min.
<input type="checkbox"/> Football _____ min.	<input type="checkbox"/> Racquetball _____ min.	<input type="checkbox"/> Volleyball _____ min.
<input type="checkbox"/> Frisbee _____ min.	<input type="checkbox"/> Rafting _____ min.	<input type="checkbox"/> Water jogging/aerobics _____ min.
<input type="checkbox"/> Gardening _____ min.	<input type="checkbox"/> Rock climbing _____ min.	<input type="checkbox"/> Water skiing _____ min.
<input type="checkbox"/> Golf _____ min.	<input type="checkbox"/> Rollerblading _____ min.	<input type="checkbox"/> Weight lifting _____ min.
<input type="checkbox"/> Handball _____ min.	<input type="checkbox"/> Rowing _____ min.	<input type="checkbox"/> Wrestling _____ min.
<input type="checkbox"/> Hiking _____ min.	<input type="checkbox"/> Sailing or paddle boat _____ min.	<input type="checkbox"/> Yoga _____ min.
<input type="checkbox"/> Hockey _____ min.	<input type="checkbox"/> Scuba diving _____ min.	<input type="checkbox"/> Other _____ min.
<input type="checkbox"/> Horseback riding _____ min.	<input type="checkbox"/> Shuffleboard _____ min.	<input type="checkbox"/> Other _____ min.
<input type="checkbox"/> Hunting _____ min.	<input type="checkbox"/> Soccer _____ min.	<input type="checkbox"/> Other _____ min.

Stepwatch Activity Monitor (SAM) – Seven Day Diary

<p>PURPOSE:</p>	<p>To collect information regarding the patient’s physical activity.</p>
<p>PERSON(S) RESPONSIBLE: SOURCES OF INFORMATION:</p>	<p>Clinician/Coordinator Patient</p>
<p>WHEN TO ADMINISTER FORM:</p>	<p>After patient provides informed consent for LABS-2.</p>
<p>GENERAL INSTRUCTIONS (Patient)</p>	<p>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.</p>
<p>GENERAL INSTRUCTIONS: (Clinician)</p>	<p>The Diary associated with the SAM should be completed by the patient. Written instructions of how to complete the diary are included with the diary.</p>
<p>GENERAL INSTRUCTIONS: (Clinician)</p>	<p>Before the SAM is given/sent to the patient:</p> <ol style="list-style-type: none"> (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. <p>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</p>

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:

- (1) Review the module for any missing items. Follow-up with patient if necessary to record missing items, or to clarify responses.
- (2) Immediately download the SAM data, using the docking station, as outlined in section 7 of the LABS-2 MOP.
- (3) On the last page of the SAM Log, the coordinator is required to record how many week days (M-F) that the SAM was worn and how many week-end days the SAM was worn.
- (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 section 7 of the MOP and mailing it to the patient.

SCORING ALGORITHM:

N/A

long the activity was done. If any of the activities were done **specifically for exercise**, are not listed then the activity should be recorded after “other.”