

British Women's Heart and Health Study

3-day Activity Diary & Monitor Instruction Sheet

Thank you for agreeing to wear an activity monitor for the next seven days as part of our study.

This pack contains:

- A physical activity monitor and belt
- A 3-day activity monitor diary
- A health & activity questionnaire

We would like you to:

1. **Wear** the activity monitor for the next **seven (7) days**, starting with **tomorrow morning**.
2. **Record** your daily activities for the first **three (3) days**. See page 2 as an example. This will help us for a better interpretation of the results of your activity monitor. In addition, during the 7 days that you wear the activity monitor, please take note of the times you attach and remove it.
3. Please **complete** the health & activity questionnaire, to keep us up to date with your health status and things which may affect how much activity you do.



The Monitor & Placement:

- The monitor contains an accelerometer which detects movement and it will tell us about your activity level during the next week.
- You should put the monitor on when you wake up and take it off when you go to bed.
- You do not need to switch the monitor on or off—it is pre-programmed to record information.
- **Please note that the activity monitor is NOT waterproof; DO NOT use it when showering, bathing, and swimming.**
- The monitor to be worn on the belt provided and placed approximately on the centre of your **RIGHT hip** (see photo).

All the information will be treated as strictly confidential and only seen by the Research Team.

Please return the Activity Monitor, Activity Diary, and Questionnaire in the pre-paid envelope by:

_____.

For queries, please contact:

Antoinette Amuzu or Christina Gutierrez (Research Co-ordinators) at: 020 7927 2282.

Example Diary

Day ...Friday... Date...5th February 2010.....

Monitor Attached

Time monitor put on in the morning: <u>8.30 am</u>	Time monitor taken off in the evening: <u>10.30 pm</u>	Any other times the monitor was taken off: <u>I didn't take it off</u>
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Tick all the activities that last more than 10 minutes

Time	Activity			
	(a) Sitting or lying down (tick the box)	(b) Walking (tick the box)	(c) Standing (tick the box)	(d) Other: please write down type. eg. gardening, housework (hoovering, dusting), swimming, climbing stairs
7.00 am	✓			
8.00 am	✓			
9.00 am	✓	✓	✓	
10.00 am				
11.00 am	✓			
12 noon		✓		
1.00 pm				Gardening
2.00 pm				Gardening
3.00 pm		✓		
4.00 pm	✓	✓		
5.00 pm		✓		Housework (hoovering)
6.00 pm				Climbing Stairs
7.00 pm		✓	✓	
8.00 pm	✓			
9.00 pm	✓			
10.00 pm	✓			

Sitting or lying down includes for example desk-work, TV watching, PC use, reading

Walking includes walking for a journey or for leisure

Standing includes for example, self care, walking slowly or shopping

Other includes any other activity that you do, including things not on the list

Activity Diary

Day

Date.....

Day 1

Monitor Attached

Time monitor put on in the morning: _____	Time monitor taken off in the evening: _____	Any other times the monitor was taken off: _____
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Tick all the activities that last more than 10 minutes

Time	Activity			
	(a) Sitting or lying down (tick the box)	(b) Walking (tick the box)	(c) Standing (tick the box)	(d) Other: please write down type. <i>eg. gardening, housework (hoovering, dusting), swimming, climbing stairs</i>
7.00 am				
8.00 am				
9.00 am				
10.00 am				
11.00 am				
12 noon				
1.00 pm				
2.00 pm				
3.00 pm				
4.00 pm				
5.00 pm				
6.00 pm				
7.00 pm				
8.00 pm				
9.00 pm				
10.00 pm				

Sitting or lying down includes for example desk-work, TV watching, PC use, reading

Walking includes walking for a journey or for leisure

Standing includes for example, self care, walking slowly or shopping

Other includes any other activity that you do, including things not on the list

Activity Diary

Day Date.....

Day 2

Monitor Attached

Time monitor put on in the morning: _____	Time monitor taken off in the evening: _____	Any other times the monitor was taken off: _____
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Tick all the activities that last more than 10 minutes

Time	Activity			
	(a) Sitting or lying down (tick the box)	(b) Walking (tick the box)	(c) Standing (tick the box)	(d) Other: please write down type. <i>eg. gardening, housework (hoovering, dusting), swimming, climbing stairs</i>
7.00 am				
8.00 am				
9.00 am				
10.00 am				
11.00 am				
12 noon				
1.00 pm				
2.00 pm				
3.00 pm				
4.00 pm				
5.00 pm				
6.00 pm				
7.00 pm				
8.00 pm				
9.00 pm				
10.00 pm				

Sitting or lying down includes for example desk-work, TV watching, PC use, reading

Walking includes walking for a journey or for leisure

Standing includes for example, self care, walking slowly or shopping

Other includes any other activity that you do, including things not on the list

Activity Diary

Day Date.....

Day 3

Monitor Attached

Time monitor put on in the morning: _____	Time monitor taken off in the evening: _____	Any other times the monitor was taken off: _____
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Tick all the activities that last more than 10 minutes

Time	Activity			
	(a) Sitting or lying down (tick the box)	(b) Walking (tick the box)	(c) Standing (tick the box)	(d) Other: please write down type. <i>eg. gardening, housework (hoovering, dusting), swimming, climbing stairs</i>
7.00 am				
8.00 am				
9.00 am				
10.00 am				
11.00 am				
12 noon				
1.00 pm				
2.00 pm				
3.00 pm				
4.00 pm				
5.00 pm				
6.00 pm				
7.00 pm				
8.00 pm				
9.00 pm				
10.00 pm				

Sitting or lying down includes for example desk-work, TV watching, PC use, reading

Walking includes walking for a journey or for leisure

Standing includes for example, self care, walking slowly or shopping

Other includes any other activity that you do, including things not on the list

Activity Monitor Usage Log

Day 4		
Day Date.....		
Monitor Attached <input type="checkbox"/>		
Time monitor put on in the morning: _____	Time monitor taken off in the evening: _____	Any other times the monitor was taken off: _____

Day 5		
Day Date.....		
Monitor Attached <input type="checkbox"/>		
Time monitor put on in the morning: _____	Time monitor taken off in the evening: _____	Any other times the monitor was taken off: _____

Day 6		
Day Date.....		
Monitor Attached <input type="checkbox"/>		
Time monitor put on in the morning: _____	Time monitor taken off in the evening: _____	Any other times the monitor was taken off: _____

Day 7		
Day Date.....		
Monitor Attached <input type="checkbox"/>		
Time monitor put on in the morning: _____	Time monitor taken off in the evening: _____	Any other times the monitor was taken off: _____

Has this week been a typical week for you? **Yes / No** (Circle your choice)

*If you circled **No**:*

Please state your reason:

_____.

If you forget to wear the monitor, please put it on as soon as you remember, and record when you started wearing it again.

Thank you very much for wearing the monitor and filling in this diary.