Pre Physical Activity Monitoring Form

1. Date monitor applied: ... [mm/dd/yyyy]

2. Was the activity monitoring instruction sheet given to the participant? Yes Y No N

3. Did the technician explain the activity monitoring procedure to the participant? Yes Y No N

4. Did the participant verbally agree to wear the activity monitor? Yes Y No N

5. Did the participant verbally agree to wear the step counter? Yes Y No N

6. CSA ID Number: ...

7. Step counter ID Number: ...

8. Was the CSA monitor initialized prior to giving it to the participant? Yes Y No N
9. Was time for CSA synchronized with ABPM? Yes Y No N

10. Was the step counter set to “0” prior to giving it to the participant? Yes Y No N

11a. Time monitoring started:  

11b. AM A PM P

ADMINISTRATIVE INFORMATION

12. Date of data collection:  


14. Code number of person completing this form:  