



1.1 Sub-Study Step Count Log

Form Code: SCL
Version A 2/19/2001

Participant Name:

ID Number:

Step Counter Number:

Date mailed:

Your next visit is scheduled for:

Instructions: Before you start wearing the step counter, read the complete instructions on the other side of this form.

Open case.

Push button to set to 0.

Wear all day.

Write down count at the end of the day. Circle

Write comments if needed to help researcher:



ad the complete instructions on the other

rite the date.
nts.

Day of Week	Date	Count ←	Comments
S M T W Th F Sa			
S M T W Th F Sa			
S M T W Th F Sa			
S M T W Th F Sa			
S M T W Th F Sa			
S M T W Th F Sa			
S M T W Th F Sa			

Bring this log and the step counter to the clinic with you when you return for your visit. Thank you for taking the time to give us this information.