

CTEPP


CHILD ACTIVITY DIARY (FORM #10)
(DAY CARE TEACHER)

The Child Activity Diary is used to collect information on the child's daily activities during the 48-hour air sampling period. Form #10 is for children who attend day care. The form is designed as a Self-Administered Questionnaire (SAQ), which will be completed by the day care teacher. The estimated time to complete this form is 15 minutes.

(FORM #10)

[]

_____ - _____ - _____

Complete 2 pages for each Time Period 	First Day	Second Day	Third Day
	Time Period #1 Pages 1 - 2	Time Period #2 Pages 3 - 4	Time Period #3 Pages 5 - 6

TIME PERIOD #1

Time Period #1: _____ day, _____ (date) From the time the air monitor was set up Until the child left the day care center		1. The air monitor was set up at: ____:____ AM/ PM 2. The child left the day care at: ____:____ AM/ PM															
3. How long (hours, minutes) did the child stay outdoors during this period of time? ____ hours ____ minutes																	
4. Did the child do any of the following things during this period of time (Time Period #1)? You may check more than one. <table style="width:100%; border: none;"> <tr> <td style="width:50%; vertical-align: top;"> <input type="checkbox"/> a. Play/swim in a pool. <input type="checkbox"/> b. Walk barefoot in the playground. <input type="checkbox"/> c. Dig in the playground, contacting soil. <input type="checkbox"/> d. Eat dirt or sand. <input type="checkbox"/> e. Play with pets. <input type="checkbox"/> f. Eat somewhere away from the day care. <input type="checkbox"/> g. Eat outside the day care (picnic). </td> <td style="width:50%; vertical-align: top;"> <input type="checkbox"/> h. Eat on the floor inside the day care. <input type="checkbox"/> i. Wash hands before eating. <input type="checkbox"/> j. Walk barefoot inside the day care. <input type="checkbox"/> k. Do art work, contacting paint or glue. <input type="checkbox"/> l. Suck thumb, fingers, or toes. <input type="checkbox"/> m. Put toys in the mouth. <input type="checkbox"/> n. Go away from the day care (field trip, etc.) </td> </tr> </table> <p>☆ If the child went somewhere away from the day care, please answer 4a, 4b & 4c:</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 5px; vertical-align: top;"> 4a. Where away from the day care? </td> <td style="width:33%; padding: 5px; vertical-align: top;"> 4b. How did the child go there? <input type="checkbox"/> by Car, <input type="checkbox"/> by Bus/van, <input type="checkbox"/> by Truck, <input type="checkbox"/> by Bike, or <input type="checkbox"/> Walk there. </td> <td style="width:33%; padding: 5px; vertical-align: top;"> 4c. Time needed to get there and return: ____ hours ____ minutes Total time away from home: ____ hours ____ minutes </td> </tr> </table>			<input type="checkbox"/> a. Play/swim in a pool. <input type="checkbox"/> b. Walk barefoot in the playground. <input type="checkbox"/> c. Dig in the playground, contacting soil. <input type="checkbox"/> d. Eat dirt or sand. <input type="checkbox"/> e. Play with pets. <input type="checkbox"/> f. Eat somewhere away from the day care. <input type="checkbox"/> g. Eat outside the day care (picnic).	<input type="checkbox"/> h. Eat on the floor inside the day care. <input type="checkbox"/> i. Wash hands before eating. <input type="checkbox"/> j. Walk barefoot inside the day care. <input type="checkbox"/> k. Do art work, contacting paint or glue. <input type="checkbox"/> l. Suck thumb, fingers, or toes. <input type="checkbox"/> m. Put toys in the mouth. <input type="checkbox"/> n. Go away from the day care (field trip, etc.)	4a. Where away from the day care?	4b. How did the child go there? <input type="checkbox"/> by Car, <input type="checkbox"/> by Bus/van, <input type="checkbox"/> by Truck, <input type="checkbox"/> by Bike, or <input type="checkbox"/> Walk there.	4c. Time needed to get there and return: ____ hours ____ minutes Total time away from home: ____ hours ____ minutes										
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5. Did the child follow the classroom's daily schedule? <input type="checkbox"/> Yes <input type="checkbox"/> No; if No, please explain:																	
6. Where did the child spend most time indoors at the day care? <input type="checkbox"/> 1. His/her classroom <input type="checkbox"/> 2. Other room/place If you check #2, please write down the name of the other room/place:	7. Where did the child spend the most time outdoors at the day care? <input type="checkbox"/> 1. The playground <input type="checkbox"/> 2. Other place If you check #2, please write down the name of the other place:																
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9. Did you take the child's urine sample after lunch and before the afternoon snack? <input type="checkbox"/> Yes <input type="checkbox"/> No																	
<table style="width:100%; border: none;"> <tr> <td style="width:20%;">10. Did the child eat his/her breakfast?</td> <td style="width:15%;"><input type="checkbox"/> All of it</td> <td style="width:15%;"><input type="checkbox"/> Most of it</td> <td style="width:15%;"><input type="checkbox"/> Some of it</td> <td style="width:15%;"><input type="checkbox"/> Did not eat</td> </tr> <tr> <td> ...lunch?</td> <td><input type="checkbox"/> All of it</td> <td><input type="checkbox"/> Most of it</td> <td><input type="checkbox"/> Some of it</td> <td><input type="checkbox"/> Did not eat</td> </tr> <tr> <td> ...snacks?</td> <td><input type="checkbox"/> All of it</td> <td><input type="checkbox"/> Most of it</td> <td><input type="checkbox"/> Some of it</td> <td><input type="checkbox"/> Did not eat</td> </tr> </table>			10. Did the child eat his/her breakfast?	<input type="checkbox"/> All of it	<input type="checkbox"/> Most of it	<input type="checkbox"/> Some of it	<input type="checkbox"/> Did not eat	...lunch?	<input type="checkbox"/> All of it	<input type="checkbox"/> Most of it	<input type="checkbox"/> Some of it	<input type="checkbox"/> Did not eat	...snacks?	<input type="checkbox"/> All of it	<input type="checkbox"/> Most of it	<input type="checkbox"/> Some of it	<input type="checkbox"/> Did not eat
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11. Was the food that the child ate and drank today at the day care center same as the food listed on the day care's menu? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, please write down what the child ate and drank today)																	
▶ How many cups (8 oz. Cup) of water did the child drink? [] Cup(s)																	

TIME PERIOD #1

Activity Table

12. This question asks about the child's activity level and the kinds of surfaces where he/she spent time on the activities during this time period (***Time Period #1***). Please take a moment to think about the child's activities during this period of time (Active Play, Quiet Play, or Napping/Sleeping) and estimate the **total amount of time** the child spent on each type of surface doing Active Play, Quiet Play, or Napping/Sleeping. Also included in this question is the **type of clothing worn by the child** during this period of time. If there was no activity on a type of surface, please check the box for "NONE."

Surface Type and Location of the Activities	Estimated Time Spent on Each Play Activity and Surface			Type of Clothing Worn while doing activities on each type of surface (Please ✓ All that Apply)
	Active Play (✓ only one box) running, jumping, dancing, playing sports, and other high-energy body movement activities	Quiet Play (✓ only one box) coloring, playing computer games, watching TV, reading, listening to story, playing in the sandbox, and other low- to moderate-energy body movement activities	Napping/Sleeping (✓ only one box)	
Day care - Indoors [Hard Surfaces include tile, vinyl, hardwood, brick, etc.]				
a. Carpet/Rugs Total Time:	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> Long-Sleeve Clothing <input type="checkbox"/> Short-Sleeve Clothing <input type="checkbox"/> Legs and ankles covered <input type="checkbox"/> Legs partially covered
b. Hard Surfaces Total Time:	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> Long-Sleeve Clothing <input type="checkbox"/> Short-Sleeve Clothing <input type="checkbox"/> Legs and ankles covered <input type="checkbox"/> Legs partially covered
c. Upholstery & Bedding Total Time:	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> Long-Sleeve Clothing <input type="checkbox"/> Short-Sleeve Clothing <input type="checkbox"/> Legs and ankles covered <input type="checkbox"/> Legs partially covered
d. Other Indoors Total Time:				
Day care - Outdoors [Paved Surfaces include concrete, asphalt, brick, rock, etc.]				
e. Grass Total Time:	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> Long-Sleeve Clothing <input type="checkbox"/> Short-Sleeve Clothing <input type="checkbox"/> Legs and ankles covered <input type="checkbox"/> Legs partially covered
f. Dirt/Soil Total Time:	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> Long-Sleeve Clothing <input type="checkbox"/> Short-Sleeve Clothing <input type="checkbox"/> Legs and ankles covered <input type="checkbox"/> Legs partially covered
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h. Wooden Deck - Total Time:	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> Long-Sleeve Clothing <input type="checkbox"/> Short-Sleeve Clothing <input type="checkbox"/> Legs and ankles covered <input type="checkbox"/> Legs partially covered
i. Other Outdoors Total Time:				

TIME PERIOD #2

Time Period #2: _____ day, _____ (date) From the time the child arrived at the day care Until the child left the day care center	1. The child arrived at: <input type="text"/> : <input type="text"/> : <input type="text"/> AM/ PM <hr/> 2. The child left the day care at: <input type="text"/> : <input type="text"/> : <input type="text"/> AM/ PM															
3. How long (hours, minutes) did the child stay outdoors during this period of time? <input type="text"/> hours <input type="text"/> minutes																
4. Did the child do any of the following things during this period of time (Time Period #2)? You may check more than one. <table style="width:100%; border: none;"> <tr> <td style="width:50%; vertical-align: top;"> <input type="checkbox"/> a. Play/swim in a pool. <input type="checkbox"/> b. Walk barefoot in the playground. <input type="checkbox"/> c. Dig in the playground, contacting soil. <input type="checkbox"/> d. Eat dirt or sand. <input type="checkbox"/> e. Play with pets. <input type="checkbox"/> f. Eat somewhere away from the day care. <input type="checkbox"/> g. Eat outside the day care (picnic). </td> <td style="width:50%; vertical-align: top;"> <input type="checkbox"/> h. Eat on the floor inside the day care. <input type="checkbox"/> i. Wash hands before eating. <input type="checkbox"/> j. Walk barefoot inside the day care. <input type="checkbox"/> k. Do art work, contacting paint or glue. <input type="checkbox"/> l. Suck thumb, fingers, or toes. <input type="checkbox"/> m. Put toys in the mouth. <input type="checkbox"/> n. Go away from the day care (field trip, etc.) </td> </tr> </table> <p>☆ If the child went somewhere away from the day care, please answer 4a, 4b & 4c:</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 5px; vertical-align: top;"> 4a. Where away from the day care? </td> <td style="width:33%; padding: 5px; vertical-align: top;"> 4b. How did the child go there? <input type="checkbox"/> by Car, <input type="checkbox"/> by Bus/van, <input type="checkbox"/> by Truck, <input type="checkbox"/> by Bike, or <input type="checkbox"/> Walk there. </td> <td style="width:33%; padding: 5px; vertical-align: top;"> 4c. How long did it take to get there? <input type="text"/> hours <input type="text"/> minutes Total time away from home: <input type="text"/> hours <input type="text"/> minutes </td> </tr> </table>		<input type="checkbox"/> a. Play/swim in a pool. <input type="checkbox"/> b. Walk barefoot in the playground. <input type="checkbox"/> c. Dig in the playground, contacting soil. <input type="checkbox"/> d. Eat dirt or sand. <input type="checkbox"/> e. Play with pets. <input type="checkbox"/> f. Eat somewhere away from the day care. <input type="checkbox"/> g. Eat outside the day care (picnic).	<input type="checkbox"/> h. Eat on the floor inside the day care. <input type="checkbox"/> i. Wash hands before eating. <input type="checkbox"/> j. Walk barefoot inside the day care. <input type="checkbox"/> k. Do art work, contacting paint or glue. <input type="checkbox"/> l. Suck thumb, fingers, or toes. <input type="checkbox"/> m. Put toys in the mouth. <input type="checkbox"/> n. Go away from the day care (field trip, etc.)	4a. Where away from the day care?	4b. How did the child go there? <input type="checkbox"/> by Car, <input type="checkbox"/> by Bus/van, <input type="checkbox"/> by Truck, <input type="checkbox"/> by Bike, or <input type="checkbox"/> Walk there.	4c. How long did it take to get there? <input type="text"/> hours <input type="text"/> minutes Total time away from home: <input type="text"/> hours <input type="text"/> minutes										
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TIME PERIOD #2

Activity Table

12. This question asks about the child's activity level and the kinds of surfaces where he/she spent time on the activities during this time period (**Time Period #2**). Please take a moment to think about the child's activities during this period of time (Active Play, Quiet Play, or Napping/Sleeping) and estimate the **total amount of time** the child spent on each type of surface doing Active Play, Quiet Play, or Napping/Sleeping. Also included in this question is the **type of clothing worn by the child** during this period of time. If there was no activity on a type of surface, please check the box for "NONE."

Surface Type and Location of the Activities	Estimated Time Spent on Each Play Activity and Surface			Type of Clothing Worn while doing activities on each type of surface (Please ✓ All that Apply)
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Day care - Indoors [Hard Surfaces include tile, vinyl, hardwood, brick, etc.]				
a. Carpet/Rugs Total Time:	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> Long-Sleeve Clothing <input type="checkbox"/> Short-Sleeve Clothing <input type="checkbox"/> Legs and ankles covered <input type="checkbox"/> Legs partially covered
b. Hard Surfaces Total Time:	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> Long-Sleeve Clothing <input type="checkbox"/> Short-Sleeve Clothing <input type="checkbox"/> Legs and ankles covered <input type="checkbox"/> Legs partially covered
c. Upholstery & Bedding Total Time:	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> Long-Sleeve Clothing <input type="checkbox"/> Short-Sleeve Clothing <input type="checkbox"/> Legs and ankles covered <input type="checkbox"/> Legs partially covered
d. Other Indoors Total Time:				
Day care - Outdoors [Paved Surfaces include concrete, asphalt, brick, rock, etc.]				
e. Grass Total Time:	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> Long-Sleeve Clothing <input type="checkbox"/> Short-Sleeve Clothing <input type="checkbox"/> Legs and ankles covered <input type="checkbox"/> Legs partially covered
f. Dirt/Soil Total Time:	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> Long-Sleeve Clothing <input type="checkbox"/> Short-Sleeve Clothing <input type="checkbox"/> Legs and ankles covered <input type="checkbox"/> Legs partially covered
g. Paved Surface Total Time:	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> Long-Sleeve Clothing <input type="checkbox"/> Short-Sleeve Clothing <input type="checkbox"/> Legs and ankles covered <input type="checkbox"/> Legs partially covered
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i. Other Outdoors Total Time:				

TIME PERIOD #3

Time Period #3: _____ day, _____ (date) From the time the child arrived at the day care Until the time the air monitor was removed	1. The child arrived at: <input type="text"/> : <input type="text"/> AM/ PM <hr/> 2. The air monitor was removed at: <input type="text"/> : <input type="text"/> AM/ PM															
3. How long (hours, minutes) did the child stay outdoors during this period of time? <input type="text"/> hours <input type="text"/> minutes																
4. Did the child do any of the following things during this period of time (Time Period #3)? You may check more than one. <table style="width:100%; border: none;"> <tr> <td style="width:50%; vertical-align: top;"> <input type="checkbox"/> a. Play/swim in a pool. <input type="checkbox"/> b. Walk barefoot in the playground. <input type="checkbox"/> c. Dig in the playground, contacting soil. <input type="checkbox"/> d. Eat dirt or sand. <input type="checkbox"/> e. Play with pets. <input type="checkbox"/> f. Eat somewhere away from the day care. <input type="checkbox"/> g. Eat outside the day care (picnic). </td> <td style="width:50%; vertical-align: top;"> <input type="checkbox"/> h. Eat on the floor inside the day care. <input type="checkbox"/> i. Wash hands before eating. <input type="checkbox"/> j. Walk barefoot inside the day care. <input type="checkbox"/> k. Do art work, contacting paint or glue. <input type="checkbox"/> l. Suck thumb, fingers, or toes. <input type="checkbox"/> m. Put toys in the mouth. <input type="checkbox"/> n. Go away from the day care (field trip, etc.) </td> </tr> </table> <p>☆ If the child went somewhere away from the day care, please answer 4a, 4b & 4c:</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 5px;"> 4a. Where away from the day care? </td> <td style="width:33%; padding: 5px;"> 4b. How did the child go there? <input type="checkbox"/> by Car, <input type="checkbox"/> by Bus/van, <input type="checkbox"/> by Truck, <input type="checkbox"/> by Bike, or <input type="checkbox"/> Walk there. </td> <td style="width:33%; padding: 5px;"> 4c. Time needed to get there and return: <input type="text"/> hours <input type="text"/> minutes Total time away from home: <input type="text"/> hours <input type="text"/> minutes </td> </tr> </table>		<input type="checkbox"/> a. Play/swim in a pool. <input type="checkbox"/> b. Walk barefoot in the playground. <input type="checkbox"/> c. Dig in the playground, contacting soil. <input type="checkbox"/> d. Eat dirt or sand. <input type="checkbox"/> e. Play with pets. <input type="checkbox"/> f. Eat somewhere away from the day care. <input type="checkbox"/> g. Eat outside the day care (picnic).	<input type="checkbox"/> h. Eat on the floor inside the day care. <input type="checkbox"/> i. Wash hands before eating. <input type="checkbox"/> j. Walk barefoot inside the day care. <input type="checkbox"/> k. Do art work, contacting paint or glue. <input type="checkbox"/> l. Suck thumb, fingers, or toes. <input type="checkbox"/> m. Put toys in the mouth. <input type="checkbox"/> n. Go away from the day care (field trip, etc.)	4a. Where away from the day care?	4b. How did the child go there? <input type="checkbox"/> by Car, <input type="checkbox"/> by Bus/van, <input type="checkbox"/> by Truck, <input type="checkbox"/> by Bike, or <input type="checkbox"/> Walk there.	4c. Time needed to get there and return: <input type="text"/> hours <input type="text"/> minutes Total time away from home: <input type="text"/> hours <input type="text"/> minutes										
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4a. Where away from the day care?	4b. How did the child go there? <input type="checkbox"/> by Car, <input type="checkbox"/> by Bus/van, <input type="checkbox"/> by Truck, <input type="checkbox"/> by Bike, or <input type="checkbox"/> Walk there.	4c. Time needed to get there and return: <input type="text"/> hours <input type="text"/> minutes Total time away from home: <input type="text"/> hours <input type="text"/> minutes														
5. Did the child follow the classroom's daily schedule? <input type="checkbox"/> Yes <input type="checkbox"/> No; if No, please explain:																
6. Where did the child spend most time indoors at the day care? <input type="checkbox"/> 1. His/her classroom <input type="checkbox"/> 2. Other room/place If you check #2, please write down the name of the other room/place:	7. Where did the child spend the most time outdoors at the day care? <input type="checkbox"/> 1. The playground <input type="checkbox"/> 2. Other place If you check #2, please write down the name of the other place:															
<table style="width:100%; border: none;"> <tr> <td style="width:25%;">8. Did the child eat his/her breakfast?</td> <td><input type="checkbox"/> All of it</td> <td><input type="checkbox"/> Most of it</td> <td><input type="checkbox"/> Some of it</td> <td><input type="checkbox"/> Did not eat</td> </tr> <tr> <td> ...lunch?</td> <td><input type="checkbox"/> All of it</td> <td><input type="checkbox"/> Most of it</td> <td><input type="checkbox"/> Some of it</td> <td><input type="checkbox"/> Did not eat</td> </tr> <tr> <td> ...snacks?</td> <td><input type="checkbox"/> All of it</td> <td><input type="checkbox"/> Most of it</td> <td><input type="checkbox"/> Some of it</td> <td><input type="checkbox"/> Did not eat</td> </tr> </table>		8. Did the child eat his/her breakfast?	<input type="checkbox"/> All of it	<input type="checkbox"/> Most of it	<input type="checkbox"/> Some of it	<input type="checkbox"/> Did not eat	...lunch?	<input type="checkbox"/> All of it	<input type="checkbox"/> Most of it	<input type="checkbox"/> Some of it	<input type="checkbox"/> Did not eat	...snacks?	<input type="checkbox"/> All of it	<input type="checkbox"/> Most of it	<input type="checkbox"/> Some of it	<input type="checkbox"/> Did not eat
8. Did the child eat his/her breakfast?	<input type="checkbox"/> All of it	<input type="checkbox"/> Most of it	<input type="checkbox"/> Some of it	<input type="checkbox"/> Did not eat												
...lunch?	<input type="checkbox"/> All of it	<input type="checkbox"/> Most of it	<input type="checkbox"/> Some of it	<input type="checkbox"/> Did not eat												
...snacks?	<input type="checkbox"/> All of it	<input type="checkbox"/> Most of it	<input type="checkbox"/> Some of it	<input type="checkbox"/> Did not eat												
9. Was the food that the child ate and drank today at the day care center same as the food listed on the day care's menu? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, please write down what the child ate and drank today)																
▶ How many cups (8 oz. Cup) of water did the child drink? [] Cup(s)																

TIME PERIOD #3

Activity Table

10. This question asks about the child's activity level and the kinds of surfaces where he/she spent time on the activities during this time period (***Time Period #3***). Please take a moment to think about the child's activities during this period of time (Active Play, Quiet Play, or Napping/Sleeping) and estimate the **total amount of time** the child spent on each type of surface doing Active Play, Quiet Play, or Napping/Sleeping. Also included in this question is the **type of clothing worn by the child** during this period of time. If there was no activity on a type of surface, please check the box for "NONE."

Surface Type and Location of the Activities	Estimated Time Spent on Each Play Activity and Surface			Type of Clothing Worn while doing activities on each type of surface (Please ✓ All that Apply)
	Active Play (✓ only one box) running, jumping, dancing, playing sports, and other high-energy body movement activities	Quiet Play (✓ only one box) coloring, playing computer games, watching TV, reading, listening to story, playing in the sandbox, and other low- to moderate-energy body movement activities	Napping/Sleeping (✓ only one box)	
Day care - Indoors [Hard Surfaces include tile, vinyl, hardwood, brick, etc.]				
a. Carpet/Rugs Total Time:	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> Long-Sleeve Clothing <input type="checkbox"/> Short-Sleeve Clothing <input type="checkbox"/> Legs and ankles covered <input type="checkbox"/> Legs partially covered
b. Hard Surfaces Total Time:	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> Long-Sleeve Clothing <input type="checkbox"/> Short-Sleeve Clothing <input type="checkbox"/> Legs and ankles covered <input type="checkbox"/> Legs partially covered
c. Upholstery & Bedding Total Time:	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> Long-Sleeve Clothing <input type="checkbox"/> Short-Sleeve Clothing <input type="checkbox"/> Legs and ankles covered <input type="checkbox"/> Legs partially covered
d. Other Indoors Total Time:				
Day care - Outdoors [Paved Surfaces include concrete, asphalt, brick, rock, etc.]				
e. Grass Total Time:	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> Long-Sleeve Clothing <input type="checkbox"/> Short-Sleeve Clothing <input type="checkbox"/> Legs and ankles covered <input type="checkbox"/> Legs partially covered
f. Dirt/Soil Total Time:	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> Long-Sleeve Clothing <input type="checkbox"/> Short-Sleeve Clothing <input type="checkbox"/> Legs and ankles covered <input type="checkbox"/> Legs partially covered
g. Paved Surface Total Time:	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> Long-Sleeve Clothing <input type="checkbox"/> Short-Sleeve Clothing <input type="checkbox"/> Legs and ankles covered <input type="checkbox"/> Legs partially covered
h. Wooden Deck - Total Time:	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> Long-Sleeve Clothing <input type="checkbox"/> Short-Sleeve Clothing <input type="checkbox"/> Legs and ankles covered <input type="checkbox"/> Legs partially covered
i. Other Outdoors Total Time:				

The following steps will help you complete the Activity Table.

4. First, think about the child's activities during each time period (for example, about 1 hour 45 minutes total for this time period). Think about how much time s/he spent indoors and how much time s/he spent outdoors. **If s/he did not spend time inside the home, go to step #9.**
5. If the child spent time indoors, think about approximately how much time the child spent doing something on carpet/rug floor. Write down the time in **Box a** (for example, about 45 minutes).
6. Think about the 45 minutes, how much time the child spent doing active play on carpet/rug floor. Check one box for the time (for example, 30 - 60 minutes).
7. Think about the 45 minutes, how much time the child spent doing quiet play on carpet/rug floor. Check one box for the time (for example, less than 30 minutes).
8. Think about the 45 minutes, how much time the child spent napping or sleeping on carpet/rug floor. Check one box for the time (for example, None).
9. Think about the 45 minutes, what type of clothing did s/he wear while playing or doing something on carpet/rug floor. Check all the appropriate boxes for the clothing (for example, Long-sleeve, Short-sleeve, Legs partially covered).
10. Repeat **step#2 through step#6** for the child's activities on hard surface floor (**Box b**) and on upholstery and bedding (**Box c**).
11. If there are other indoor activities (e.g., went shopping, visited friends's home), record in Box d.
12. Think about the child's outdoor activities during this time period. If the child spent time outdoors, think about approximately how much time the child spent doing something on grass. Write down the time in **Box e** (for example, about 30 minutes).
13. Think about the 30 minutes, how much time the child spent doing active play on grass surface. Check one box for the time (for example, 30 - 60 minutes).
14. Think about the 30 minutes, how much time the child spent doing quiet play on grass. Check one box for the time (for example, None).
15. Think about the 30 minutes, how much time the child spent napping or sleeping on grass. Check one box for the time (for example, None).
16. Think about the 30 minutes, what type of clothing did s/he wear while playing or doing something on grass. Check all the appropriate boxes for the clothing (for example, Short-sleeve, Legs partially covered).
17. Repeat **step#9 through step#13** for the child's activities on dirt/soil surface (**Box f**), paved surface (**Box g**), and on wooden deck (**Box h**).
18. If there are other outdoor activities (e.g., went shopping, in transportation, visited friends's home), record in Box i.

Activity Diary Notes

Please use the following page to record any notes that may help you complete the Activity Diary for each time period.

Time Period #1 Notes:

Time Period #2 Notes:

Time Period #3 Notes:

Thank you for your participation in this important environmental study. Your assistance in collecting the samples and recording the child activity diary is critical to the success of this study.

If you have any questions regarding the sample collection or any other study issues, please do not hesitate to contact us. You may call us toll-free at 1-877-810-9530 ext. 506.

