

Protocol ID: _____

Study Name: _____

Site: _____

Event Name: _____

Event Date: _____

Study Subject ID: _____

Interviewer Name: _____

Interview Date: _____

BLSA Activity Monitor - Ver. 1.1**Section Title: Data Collection****Instructions:**

Date Completed

☐ Blank

Tester ID

Activity Monitor Data Collection**(1) Was Actigraph or Actiwatch done?**☐ Yes

Other (please specify)

☐ Physical Problems☐ Cognitive Problems☐ Physical and Cognitive Problems☐ Refused (but could do)☐ Technical problems (no time or equipment problems)☐ Technical Problem (Bad Data)☐ Not Completed (Less than 2 days)☐ Other reason not done --->

1a. Which Device

- ☐ Actigraph
☐ Actiwatch
☐ Both

[Click to deselect entry](#)

Comment

(2) Activity Monitor Hook up:

2a. Begin time:

(hh:mm)

☐ Am ☐ Pm[Click to deselect entry](#)

2b. Date

3a. End time:

(hh:mm)

☐ Am ☐ Pm[Click to deselect entry](#)

3b. Date

INTRODUCTION:

"This is an Activity Monitor; it records your activity level through sensors inside the watch. We would like you to wear it for seven days. During the seven days, you should wear it continuously, except if you plan to bathe or swim for longer than 30 minutes.. At the end of the seven days, please mail the monitor back to the NIA along with the Information Sheet in the pre-addressed postage-paid envelope provided.

(3) Was Activity Monitor data completed upon return of the monitor?

- ☐ Yes
☐ Participant refused
☐ Participant forgot
☐ Severe skin irritation occurred
☐ Mechanical problems with the monitor
☐ Improper attachment of monitor and/or electrodes
☐ Other please specify --->

[Other \(please specify\)](#)

(4) Was Diary completed upon return?

- ☐ Yes
- ☐ Participant refused
- ☐ Participant forgot
- ☐ Other please specify --->

Other (please specify)

(5) Was Information Sheet completed upon return?

- ☐ Yes
- ☐ Participant refused
- ☐ Participant forgot
- ☐ Other please specify --->

Other (please specify)

Protocol ID: _____

Study Subject ID: _____

Study Name: _____

Interviewer Name: _____

Site: _____

Interview Date: _____

Event Name: _____

Event Date: _____

Section Title: Post Activity Info**Instructions:****INTRODUCTION:**

This questionnaire asks about your physical activity and energy level during the seven days that you used the Activity Monitor. At the end of the seven days, please take a few minutes to answer the eight questions below by filling in the circle that best matches your response. Please mail this form back to the NIA along with your Activity monitor in the pre-addressed postage-paid envelope provided.

1. Was the amount and intensity of your physical activity in the past seven days typical of a normal week for you?

☐ Yes ☐ No

Click to deselect entry

1a. If not, were you more or less
active than usual?

☐ More ☐ Less

Click to deselect entry

2. Was your physical activity limited by any temporary illness or injury?

☐ Yes ☐ No

Click to deselect entry

3. Did you swim or engage in any other physical exercise without wearing the Activity monitor?

☐ Yes ☐ No

Click to deselect entry

If so, how many times and for how many hours?

Number of times

(times)

Total number of hours

(hours)

How would you rate the average
intensity of this activity?

☐ Light ☐ Moderate ☐ Vigorous

Click to deselect entry

4. How much of the time during the past seven days did you feel you had a lot of energy?

☐ All ☐ Most ☐ A good bit ☐ Some ☐ A little ☐ None [Click to deselect entry](#)

5. During the past seven days, how often have you felt unusually tired during the day?

☐ All ☐ Most ☐ Some ☐ None [Click to deselect entry](#)

6. In the past seven days, how weak did you feel, using a scale from 0 to 10, where 0 is not weak at all and 10 is very weak?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 [Click to deselect entry](#)

7. During the past seven days, what category best describes your energy level, using a scale from 0 to 10, where 0 is no energy at all and 10 is the most energy you have ever had?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 [Click to deselect entry](#)

8. In the past seven days, did you ever exercise to the point of exhaustion? If so, please provide the days and approximate times.

☐ Yes ☐ No [Click to deselect entry](#)

Activity 1

Date:

Begin time: (hh:mm) ☐ Am ☐ Pm [Click to deselect entry](#)

End time: (hh:mm) ☐ Am ☐ Pm [Click to deselect entry](#)

Activity 2

Date:

Begin time: (hh:mm) ☐ Am ☐ Pm [Click to deselect entry](#)

End time: (hh:mm) ☐ Am ☐ Pm [Click to deselect entry](#)

Activity 3

Date:

Begin time: (hh:mm) ☐ Am ☐ Pm [Click to deselect entry](#)

End time: (hh:mm) ☐ Am ☐ Pm [Click to deselect entry](#)