

Study Number: .....

## ***British Regional Heart Study Activity Diary***

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Please use the Activity Diary to record when you wear the Activity Monitor during the next seven days.

To help interpret the information from the monitor, please record your daily activities in detail **for the first three days**, on the three diary sheets provided.

Put a tick or a description in the appropriate box to indicate any activities lasting more than 10 minutes that you do in each hour of the day. We do not need to know how long you did a particular activity for, but we are interested in the **types** of activities you were doing. There is a completed example diary sheet over the page and a table of examples of types of activity on the back page if you want more detail.

You may well do more than one type of activity in an hour, so you can fill in more than one box per hour. For example if you were watching TV and then walked around doing some gardening between 11 and 12, please put a tick in the sitting and walking columns and also write in gardening for 11am (see below).

Time	What activities (lasting 10 minutes or more) you have done in each hour			
	Sitting or lying down (tick the box)	Standing (tick the box)	Walking (tick the box)	Other (please write down activity).
From 11.00 am	✓		✓	<i>Gardening</i>

If you are unsure whether or not to record something, it is usually better to write it in the other column.

If you forget to wear the monitor one day, please note this on the record.

If you have any queries regarding this survey, please contact us on 020 7830 2335

**Example Diary**

Monitor attached?

Day ..*Wednesday*.

Date: *17<sup>th</sup> March 2010*

Time monitor put on in the morning: <i>8.30 am</i>	Time monitor taken off in the evening: <i>10.15 pm</i>	Was the monitor taken off at any other time? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, Time taken off: .....
		Time put back on: .....

Time	What activities (lasting 10 minutes or more) you have done this hour			
	Sitting or lying down (tick the box)	Standing (tick the box)	Walking (tick the box)	Other (please write down activity).
From 5.00 am				
From 6.00 am				
From 7.00 am	✓	✓		
From 8.00 am	✓	✓		
From 9.00 am		✓		
From 10.00 am		✓	✓	<i>Gardening</i>
From 11.00 am	✓		✓	<i>Gardening</i>
From 12 noon		✓	✓	
From 1.00 pm	✓			
From 2.00 pm			✓	<i>Golf</i>
From 3.00 pm		✓	✓	<i>Golf</i>
From 4.00 pm	✓			
From 5.00 pm	✓	✓		
From 6.00 pm		✓		
From 7.00 pm	✓			
From 8.00 pm	✓			
From 9.00 pm		✓	✓	
From 10.00 pm			✓	
From 11.00 pm	✓			

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

# Diary Day 1

Monitor attached?

Day: .....

Date:.....

Time monitor put on in the morning:	Time monitor taken off in the evening:	Was the monitor taken off at any other time? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, Time taken off: .....  Time put back on: .....
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Time	What activities (lasting 10 minutes or more) you have done this hour			
	Sitting or lying down (tick the box)	Standing (tick the box)	Walking (tick the box)	Other (please write down activity).
From 5.00 am				
From 6.00 am				
From 7.00 am				
From 8.00 am				
From 9.00 am				
From 10.00 am				
From 11.00 am				
From 12 noon				
From 1.00 pm				
From 2.00 pm				
From 3.00 pm				
From 4.00 pm				
From 5.00 pm				
From 6.00 pm				
From 7.00 pm				
From 8.00 pm				
From 9.00 pm				
From 10.00 pm				
From 11.00 pm				

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

# Diary Day 2

Monitor attached?  Day: ..... Date:.....

Time monitor put on in the morning:	Time monitor taken off in the evening:	Was the monitor taken off at any other time? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, Time taken off: .....  Time put back on: .....
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Time	What activities (lasting 10 minutes or more) you have done this hour			
	Sitting or lying down (tick the box)	Standing (tick the box)	Walking (tick the box)	Other (please write down activity).
From 5.00 am				
From 6.00 am				
From 7.00 am				
From 8.00 am				
From 9.00 am				
From 10.00 am				
From 11.00 am				
From 12 noon				
From 1.00 pm				
From 2.00 pm				
From 3.00 pm				
From 4.00 pm				
From 5.00 pm				
From 6.00 pm				
From 7.00 pm				
From 8.00 pm				
From 9.00 pm				
From 10.00 pm				
From 11.00 pm				

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

# Diary Day 3

Monitor attached?

Day: .....

Date:.....

Time monitor put on in the morning:	Time monitor taken off in the evening:	Was the monitor taken off at any other time? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, Time taken off: .....  Time put back on: .....
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Time	What activities (lasting 10 minutes or more) you have done this hour			
	Sitting or lying down (tick the box)	Standing (tick the box)	Walking (tick the box)	Other (please write down activity).
From 5.00 am				
From 6.00 am				
From 7.00 am				
From 8.00 am				
From 9.00 am				
From 10.00 am				
From 11.00 am				
From 12 noon				
From 1.00 pm				
From 2.00 pm				
From 3.00 pm				
From 4.00 pm				
From 5.00 pm				
From 6.00 pm				
From 7.00 pm				
From 8.00 pm				
From 9.00 pm				
From 10.00 pm				
From 11.00 pm				

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

For the remaining four days of this survey, please complete the information on this page

<b>Day 4</b>			
<b>Monitor attached</b> <input type="checkbox"/> <b>Day</b> ..... <b>Date</b> .....			
<b>Time monitor put on in the morning:</b>	<b>Time monitor taken off in the evening:</b>	<b>Was the monitor taken off at any other time?</b>	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>
		<b>If yes, Time taken off:</b> .....	
		<b>Time put back on:</b> .....	

<b>Day 5</b>			
<b>Monitor attached</b> <input type="checkbox"/> <b>Day</b> ..... <b>Date</b> .....			
<b>Time monitor put on in the morning:</b>	<b>Time monitor taken off in the evening:</b>	<b>Was the monitor taken off at any other time?</b>	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>
		<b>If yes, Time taken off:</b> .....	
		<b>Time put back on:</b> .....	

<b>Day 6</b>			
<b>Monitor attached</b> <input type="checkbox"/> <b>Day</b> ..... <b>Date</b> .....			
<b>Time monitor put on in the morning:</b>	<b>Time monitor taken off in the evening:</b>	<b>Was the monitor taken off at any other time?</b>	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>
		<b>If yes, Time taken off:</b> .....	
		<b>Time put back on:</b> .....	

<b>Day 7</b>			
<b>Monitor attached</b> <input type="checkbox"/> <b>Day</b> ..... <b>Date</b> .....			
<b>Time monitor put on in the morning:</b>	<b>Time monitor taken off in the evening:</b>	<b>Was the monitor taken off at any other time?</b>	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>
		<b>If yes, Time taken off:</b> .....	
		<b>Time put back on:</b> .....	

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

At the end of the seven days, please answer these questions.

The past seven days:

1 Has this been a normal week for you regarding the amount and type of activity that you have done?

- Yes - it was the same as usual <sub>1</sub>
- No - I have done more than usual <sub>2</sub>
- No - I have done less than usual <sub>3</sub>

1.1 If **No**, why is this different from usual (list as many as apply)

- Current illness or injury <sub>1</sub>
- A recent fall that limits mobility <sub>2</sub>
- The weather prevented my normal activities <sub>3</sub>
- Other, please give details

\_\_\_\_\_

2 Have you been swimming this week?

Yes    No  
   

2.1 If **Yes**, on which day(s) did you swim?:-

\_\_\_\_\_

3 Have you been cycling this week?

Yes    No  
   

3.1 If **Yes**, on which day(s) were you cycling ?

\_\_\_\_\_

Thank you for wearing the Activity Monitor and completing these questions.

Please return this form with the yellow questionnaire and monitor in the pre-paid envelope provided.

**Examples of what the different types of activity would include:**

Activity	Includes:
<u>Sitting or lying down for</u>	sleeping, resting, watching TV, reading, sitting at a desk/ table, eating, playing cards, driving, etc.
<u>Standing for</u>	Washing up, cooking, showering, queuing in the post office, standing at the bus stop, etc
<u>Walking for</u>	leisure walks, shopping, visiting etc
<u>Other</u>	Other activities that you do (eg housework, DIY, gardening, golf, swimming, cycling, bowls etc)

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