KEEPING YOUR 3-DAY ACTIVITY DIARY

Keep your activity diary for the same three days you keep your food diary. Each one page activity diary can be found right behind that day's three page food diary.

The first thing to do is fill in the top of the diary page with your name, the date, and the time you wake up in the morning.

During the day wear your watch so you can tell how long you spend doing various activities. Check the box indicating how long you did the activity.

Try to fill in the diary each time you complete an activity or soon afterward so you don't forget about it.

The diary divides the day into 5 parts. When you record an activity be sure to check the time box under the correct time of day.

The box labeled OTHER is for any activity you do that is not listed on the diary page. Print the name of the activity and check the time box under the right time of day.

At the end of each day add any activities you may not have had a chance to mark down during the day. Don't forget to write down the time you go to bed each night.

NHLBI Growth And Health Study
Physical Activity Diary

FTYPE NGHS Form 11
FREV Rev. 0 3/87

ID number of NGHS girl: ..... ___ - ___ **RID** ___ - ___

Name code of NGHS girl: ..... ___ ___ ___ ___ ___ ___

Visit number: ..... **VISIT**

Date: ..... **DO_FORM**
___ ___ - ___ ___ - ___ ___
Month Day Year

Please **PRINT** your full name:

_____
First Name Middle Initial Last Name

Original/replacement diary: **ORGREP**

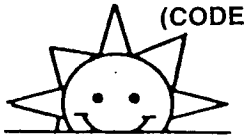
Name _____

Activity Diary

Day DAYN

PRTDAY

Before 9 a.m.
(CODE = 1)



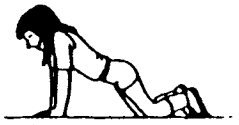
☐ ☐ ☐
1-15 15-30 over 30
Minutes
BASE
Baseball

☐ ☐ ☐
1-15 15-30 over 30
Minutes
BASK
Basketball

☐ ☐ ☐
1-15 15-30 over 30
Minutes
BIKE
Bicycling

☐ ☐ ☐
1-15 15-30 over 30
Minutes
DANC
Dancing

☐ ☐ ☐
1-15 15-30 over 30
Minutes
DODGE
Dodgeball



☐ ☐ ☐
1-15 15-30 over 30
Minutes
EXER
Exercising

☐ ☐ ☐
1-15 15-30 over 30
Minutes
FOOT
Football

☐ ☐ ☐
1-15 15-30 over 30
Minutes
GYM
Gymnastics

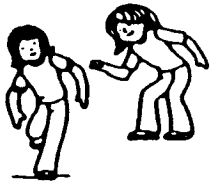
☐ ☐ ☐
1-15 15-30 over 30
Minutes
HOP
Hopscotch

☐ ☐ ☐
1-15 15-30 over 30
Minutes
JJACK
Jumping Jacks

☐ ☐ ☐
1-15 15-30 over 30
Minutes
JROPE
Jumping Rope

☐ ☐ ☐
1-15 15-30 over 30
Minutes
KICK
Kickball

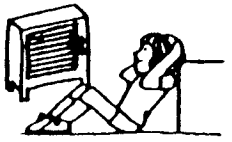
☐ ☐ ☐
1-15 15-30 over 30
Minutes
BOARD
Playing Board Games



☐ ☐ ☐
1-15 15-30 over 30
Minutes
TAG
Playing Tag

☐ ☐ ☐
1-15 15-30 over 30
Minutes
RELAY
Relay Racing

☐ ☐ ☐
1-15 15-30 over 30
Minutes
RUNJOG
Running or Jogging

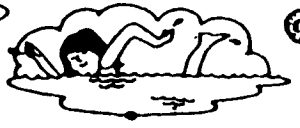


☐ ☐ ☐
1-15 15-30 over 30
Minutes
SIT
Sitting with TV or Book

☐ ☐ ☐
1-15 15-30 over 30
Minutes
SKATE
Skating

☐ ☐ ☐
1-15 15-30 over 30
Minutes
SBORD
Skateboarding

☐ ☐ ☐
1-15 15-30 over 30
Minutes
SOCER
Soccer



☐ ☐ ☐
1-15 15-30 over 30
Minutes
SWIM
Swimming

☐ ☐ ☐
1-15 15-30 over 30
Minutes
TENN
Tennis

☐ ☐ ☐
1-15 15-30 over 30
Minutes
VOLL
Volleyball

☐ ☐ ☐
1-15 15-30 over 30
Minutes
WALK
Walking Fast

Any activities not shown

OTNAMA
Other
☐ ☐ ☐
1-15 15-30 over 30
Minutes
OTHA

OTNAMB
Other
☐ ☐ ☐
1-15 15-30 over 30
Minutes
OTHB

OTNAMC
Other
☐ ☐ ☐
1-15 15-30 over 30
Minutes
OTHC

OTNAMD
Other
☐ ☐ ☐
1-15 15-30 over 30
Minutes
OTHD

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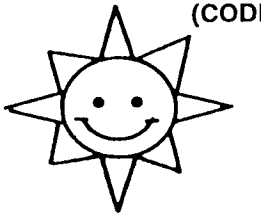
Activity Diary

Day DAYN

PRTDAY

9 a.m. - 3 p.m.

(CODE = 2)



Any activities not shown

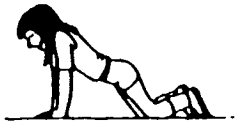
☐ ☐ ☐
1-15 15-30 over 30
Minutes
BASE
Baseball

☐ ☐ ☐
1-15 15-30 over 30
Minutes
BASK
Basketball

☐ ☐ ☐
1-15 15-30 over 30
Minutes
BIKE
Bicycling

☐ ☐ ☐
1-15 15-30 over 30
Minutes
DANC
Dancing

☐ ☐ ☐
1-15 15-30 over 30
Minutes
DODGE
Dodgeball



☐ ☐ ☐
1-15 15-30 over 30
Minutes
EXER
Exercising

☐ ☐ ☐
1-15 15-30 over 30
Minutes
FOOT
Football

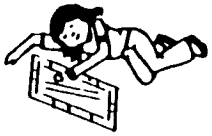
☐ ☐ ☐
1-15 15-30 over 30
Minutes
GYM
Gymnastics

☐ ☐ ☐
1-15 15-30 over 30
Minutes
HOP
Hopscotch

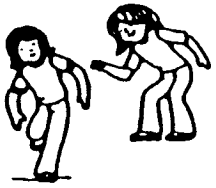
☐ ☐ ☐
1-15 15-30 over 30
Minutes
JJACK
Jumping Jacks

☐ ☐ ☐
1-15 15-30 over 30
Minutes
JROPE
Jumping Rope

☐ ☐ ☐
1-15 15-30 over 30
Minutes
KICK
Kickball



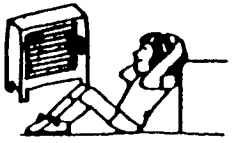
☐ ☐ ☐
1-15 15-30 over 30
Minutes
BOARD
Playing Board Games



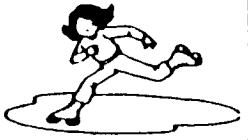
☐ ☐ ☐
1-15 15-30 over 30
Minutes
TAG
Playing Tag

☐ ☐ ☐
1-15 15-30 over 30
Minutes
RELAY
Relay Racing

☐ ☐ ☐
1-15 15-30 over 30
Minutes
RUNJOG
Running or Jogging



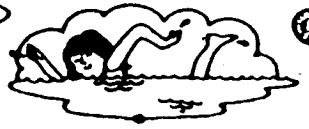
☐ ☐ ☐
1-15 15-30 over 30
Minutes
SIT
Sitting with TV or Book



☐ ☐ ☐
1-15 15-30 over 30
Minutes
SKATE
Skating

☐ ☐ ☐
1-15 15-30 over 30
Minutes
SBORD
Skateboarding

☐ ☐ ☐
1-15 15-30 over 30
Minutes
SOCER
Soccer



☐ ☐ ☐
1-15 15-30 over 30
Minutes
SWIM
Swimming

☐ ☐ ☐
1-15 15-30 over 30
Minutes
TENN
Tennis

☐ ☐ ☐
1-15 15-30 over 30
Minutes
VOLL
Volleyball

☐ ☐ ☐
1-15 15-30 over 30
Minutes
WALK
Walking Fast

OTNAMA
Other
☐ ☐ ☐
1-15 15-30 over 30
Minutes
OTHA

OTNAMB
Other
☐ ☐ ☐
1-15 15-30 over 30
Minutes
OTHB

OTNAMC
Other
☐ ☐ ☐
1-15 15-30 over 30
Minutes
OTHC

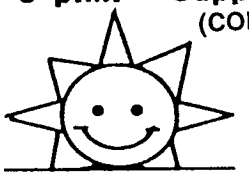
OTNAMD
Other
☐ ☐ ☐
1-15 15-30 over 30
Minutes
OTHD

Activity Diary

Day DAYN

PRTDAY

3 p.m. - Supper (CODE = 3)



Any activities not shown

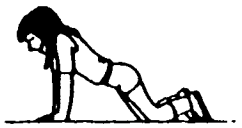
☐ ☐ ☐
1-15 15-30 over 30
Minutes
BASE
Baseball

☐ ☐ ☐
1-15 15-30 over 30
Minutes
BASK
Basketball

☐ ☐ ☐
1-15 15-30 over 30
Minutes
BIKE
Bicycling

☐ ☐ ☐
1-15 15-30 over 30
Minutes
DANC
Dancing

☐ ☐ ☐
1-15 15-30 over 30
Minutes
DODGE
Dodgeball



☐ ☐ ☐
1-15 15-30 over 30
Minutes
EXER
Exercising

☐ ☐ ☐
1-15 15-30 over 30
Minutes
FOOT
Football

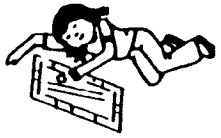
☐ ☐ ☐
1-15 15-30 over 30
Minutes
GYM
Gymnastics

☐ ☐ ☐
1-15 15-30 over 30
Minutes
HOP
Hopscotch

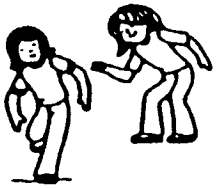
☐ ☐ ☐
1-15 15-30 over 30
Minutes
JJACK
Jumping Jacks

☐ ☐ ☐
1-15 15-30 over 30
Minutes
JROPE
Jumping Rope

☐ ☐ ☐
1-15 15-30 over 30
Minutes
KICK
Kickball



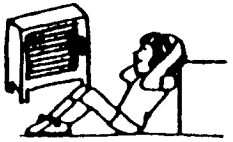
☐ ☐ ☐
1-15 15-30 over 30
Minutes
BOARD
Playing Board Games



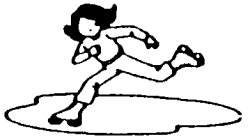
☐ ☐ ☐
1-15 15-30 over 30
Minutes
TAG
Playing Tag

☐ ☐ ☐
1-15 15-30 over 30
Minutes
RELAY
Relay Racing

☐ ☐ ☐
1-15 15-30 over 30
Minutes
RUNJOG
Running or Jogging



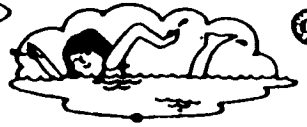
☐ ☐ ☐
1-15 15-30 over 30
Minutes
SIT
Sitting with TV or Book



☐ ☐ ☐
1-15 15-30 over 30
Minutes
SKATE
Skating

☐ ☐ ☐
1-15 15-30 over 30
Minutes
SBORD
Skateboarding

☐ ☐ ☐
1-15 15-30 over 30
Minutes
SOCER
Soccer



☐ ☐ ☐
1-15 15-30 over 30
Minutes
SWIM
Swimming

☐ ☐ ☐
1-15 15-30 over 30
Minutes
TENN
Tennis

☐ ☐ ☐
1-15 15-30 over 30
Minutes
VOLL
Volleyball

☐ ☐ ☐
1-15 15-30 over 30
Minutes
WALK
Walking Fast

OTNAMA
Other
☐ ☐ ☐
1-15 15-30 over 30
Minutes
OTHA

OTNAMB
Other
☐ ☐ ☐
1-15 15-30 over 30
Minutes
OTHB

OTNAMC
Other
☐ ☐ ☐
1-15 15-30 over 30
Minutes
OTHC

OTNAMD
Other
☐ ☐ ☐
1-15 15-30 over 30
Minutes
OTHD

Activity Diary

Day DAYN

PRTDAY

After Supper

(CODE = 4)

Any activities not shown

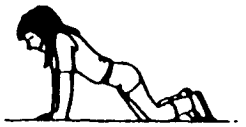
☐ ☐ ☐
1-15 15-30 over 30
Minutes
BASE
Baseball

☐ ☐ ☐
1-15 15-30 over 30
Minutes
BASK
Basketball

☐ ☐ ☐
1-15 15-30 over 30
Minutes
BIKE
Bicycling

☐ ☐ ☐
1-15 15-30 over 30
Minutes
DANC
Dancing

☐ ☐ ☐
1-15 15-30 over 30
Minutes
DODGE
Dodgeball



☐ ☐ ☐
1-15 15-30 over 30
Minutes
EXER
Exercising

☐ ☐ ☐
1-15 15-30 over 30
Minutes
FOOT
Football

☐ ☐ ☐
1-15 15-30 over 30
Minutes
GYM
Gymnastics

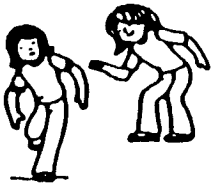
☐ ☐ ☐
1-15 15-30 over 30
Minutes
HOP
Hopscotch

☐ ☐ ☐
1-15 15-30 over 30
Minutes
JJACK
Jumping Jacks

☐ ☐ ☐
1-15 15-30 over 30
Minutes
JROPE
Jumping Rope

☐ ☐ ☐
1-15 15-30 over 30
Minutes
KICK
Kickball

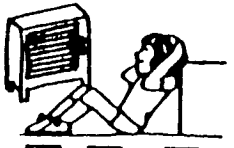
☐ ☐ ☐
1-15 15-30 over 30
Minutes
BOARD
Playing Board Games



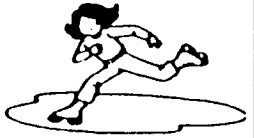
☐ ☐ ☐
1-15 15-30 over 30
Minutes
TAG
Playing Tag

☐ ☐ ☐
1-15 15-30 over 30
Minutes
RELAY
Relay Racing

☐ ☐ ☐
1-15 15-30 over 30
Minutes
RUNJOG
Running or Jogging



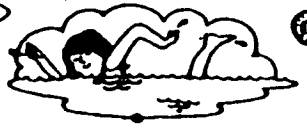
☐ ☐ ☐
1-15 15-30 over 30
Minutes
SIT
Sitting with TV or Book



☐ ☐ ☐
1-15 15-30 over 30
Minutes
SKATE
Skating

☐ ☐ ☐
1-15 15-30 over 30
Minutes
SBORD
Skateboarding

☐ ☐ ☐
1-15 15-30 over 30
Minutes
SOCER
Soccer



☐ ☐ ☐
1-15 15-30 over 30
Minutes
SWIM
Swimming

☐ ☐ ☐
1-15 15-30 over 30
Minutes
TENN
Tennis

☐ ☐ ☐
1-15 15-30 over 30
Minutes
VOLL
Volleyball

☐ ☐ ☐
1-15 15-30 over 30
Minutes
WALK
Walking Fast

OTNAMA
Other
☐ ☐ ☐
1-15 15-30 over 30
Minutes
OTHA

OTNAMB
Other
☐ ☐ ☐
1-15 15-30 over 30
Minutes
OTHB

OTNAMC
Other
☐ ☐ ☐
1-15 15-30 over 30
Minutes
OTHC

OTNAMD
Other
☐ ☐ ☐
1-15 15-30 over 30
Minutes
OTHD

NHLBI Growth And Health Study
Physical Activity Diary

FTYPE
FREV

NGHS Form 11
Rev. 1 1/88

ID number: ..... ___-___ RID ___-___

Name code: ..... ___ ___ ___ ___ ___ ___

Visit number: ..... VISIT

Please *PRINT* your name:

_____

First Name | Middle Initial | Last Name

USE THESE VARIABLES FOR TIME ON THE NEXT PAGE:

Time went to sleep last night : BEDHR : BEDMIN PM.

Time woke up this morning : WOKEHR : WOKEMIN AM.

Original/replacement diary: ORGREP

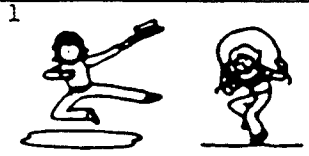
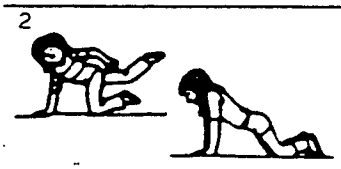
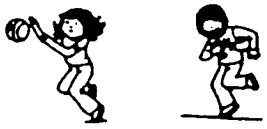
ACTIVITY DIARY

Name: _____ Date: DO_FORM Day: DAYN

Time went to sleep last night: _____:_____ PM.

Time woke up morning: _____:_____ AM.

See previous page for variable names.

		Morning			NOON Afternoon			6 PM Evening		
1 	Jumping Rope or Double Dutch or Dancing or Hopscotch or 4-Square	1-15 Min	16-30 Min	Over 30	1-15 Min	16-30 Min	Over 30	1-15 Min	16-30 Min	Over 30
		ROPEMOR			ROPEAFT			ROPEEVE		
2 	Exercises or Gymnastics or Bars	1-15 Min	16-30 Min	Over 30	1-15 Min	16-30 Min	Over 30	1-15 Min	16-30 Min	Over 30
		GYMMOR			GYMAFT			GYMEVE		
3	Soccer or Running	1-15 Min	16-30 Min	Over 30	1-15 Min	16-30 Min	Over 30	1-15 Min	16-30 Min	Over 30
		RUNMOR			RUNAFT			RUNEVE		
4	Jogging or Skating or Skate Boards	1-15 Min	16-30 Min	Over 30	1-15 Min	16-30 Min	Over 30	1-15 Min	16-30 Min	Over 30
		JOGMOR			JOGAFT			JOGEVE		
5	Bike Riding or Walking Fast or Relay Running or Playing Tag	1-15 Min	16-30 Min	Over 30	1-15 Min	16-30 Min	Over 30	1-15 Min	16-30 Min	Over 30
		BIKEMOR			BIKEAFT			BIKEEVE		
6	Sitting and Doing Things like Talking, Reading, Watching TV	1-15 Min	16-30 Min	Over 30	1-15 Min	16-30 Min	Over 30	1-15 Min	16-30 Min	Over 30
		SITMOR			SITAFT			SITEVE		
7	Kickball or Softball or Volleyball or Tetherball	1-15 Min	16-30 Min	Over 30	1-15 Min	16-30 Min	Over 30	1-15 Min	16-30 Min	Over 30
		KICKMOR			KICKAFT			KICKEVE		
8 	Dodgeball or Basketball or Football	1-15 Min	16-30 Min	Over 30	1-15 Min	16-30 Min	Over 30	1-15 Min	16-30 Min	Over 30
		BASKMOR			BASKAFT			BASKEVE		
9	Swimming or Tennis	1-15 Min	16-30 Min	Over 30	1-15 Min	16-30 Min	Over 30	1-15 Min	16-30 Min	Over 30
		SWIMMOR			SWIMAFT			SWIMEVE		
10 (Write In) OTHER ACTIVITIES	OTNAMA	OTHMORA			OTHAFTA			OTHEVEA		
	OTNAMB	OTHMORB			OTHAFTB			OTHEVEB		
	OTNAMC	OTHMORC			OTHAFTC			OTHEVEC		
	OTNAMD	OTHMORD			OTHAFTD			OTHEVED		

0925-0294 exp. 12/89

FTYPE
FREV

NGHS FORM 11
Rev. 2 1/89

NHLBI Growth And Health Study
Physical Activity Diary

ID number: . . . . . ___-___ ___RID___ ___-___

Name code: . . . . . ___ ___ ___ ___ ___ ___

Visit number: . . . . . ___VISIT___

Please *PRINT* your name:

_____

First Name | Middle Initial | Last Name

USE THESE VARIABLES FOR TIME ON THE NEXT PAGE:

Time went to bed Last night : ___BEDHR___ : ___BEDMIN___ PM.

Time woke up this morning : ___WOKEHR___ : ___WOKEMIN___ AM.

Time went to bed tonight : ___TBEDHR___ : ___TBEDMIN___ PM.

Repl ☐ ORGREP

Physical Activity Diary

Name: _____ Date: DO_FORM

Day: DAYN

Time went to bed Last night: ____:____ PM

Time went to bed this morning: ____:____ AM

Time went to bed tonight: ____:____ PM

See previous page for variable names.

	EARLY MORNING (9:00 A.M.)			MID MORNING			MID AFTERNOON (Noon)			LATE AFTERNOON (3:00 P.M.)			EVENING (6:00 P.M.)		
	1-15 Min	16-30 Min	Over 30	1-15 Min	16-30 Min	Over 30	1-15 Min	16-30 Min	Over 30	1-15 Min	16-30 Min	Over 30	1-15 Min	16-30 Min	Over 30
1. Jumping Rope or Jumping Jacks or Dancing or Hopscotch	ROPE1			ROPE2			ROPE3			ROPE4			ROPE5		
2. Exercises or Gymnastics	GYM1			GYM2			GYM3			GYM4			GYM5		
3. Soccer or Running	RUN1			RUN2			RUN3			RUN4			RUN5		
4. Jogging or Skating or Skate Boards	JOG1			JOG2			JOG3			JOG4			JOG5		
5. Bike Riding or Walking Fast or Relay Running or Playing Tag	BIKE1			BIKE2			BIKE3			BIKE4			BIKE5		
6. Sitting and Doing Things like Talking, Reading, Watching TV	SIT1			SIT2			SIT3			SIT4			SIT5		
7. Kickball or Baseball or Volleyball	KICK1			KICK2			KICK3			KICK4			KICK5		
8. Dodgeball or Basketball or Football	BASK1			BASK2			BASK3			BASK4			BASK5		
9. Swimming or Tennis	SWIM1			SWIM2			SWIM3			SWIM4			SWIM5		
10. Walking	WALK1			WALK2			WALK3			WALK4			WALK5		
11. OTHER ACTIVITIES (Write in) OTNAMA	OTHA1			OTHA2			OTHA3			OTHA4			OTHA5		
OTNAMB	OTHB1			OTHB2			OTHB3			OTHB4			OTHB5		
OTNAMC	OTHC1			OTHC2			OTHC3			OTHC4			OTHC5		

0925-0294 exp. 9/92

FTYPE
FREV

NGHS Form 11
Rev. 3 1/90

NHLBI Growth And Health Study
Physical Activity Diary

ID number: ..... ___-___ RID ___-___

Name code: ..... ___ ___ ___ ___ ___ ___

Visit number: ..... VISIT

Please *PRINT* your name:

First Name | Middle Initial | Last Name

USE THESE VARIABLES FOR TIME ON THE NEXT PAGE:

Time went to bed LAST NIGHT : BEDHR1 : BEDMIN1 AM/PM. AMPM1

Time woke up : BEDHR2 : BEDMIN2 AM/PM. AMPM2

Time went to bed TONIGHT : BEDHR3 : BEDMIN3 AM/PM. AMPM3

ORGREP

Repl ☐

Add'l ☐

PHYSICAL ACTIVITY DIARY

Name:_____ Date: DO_FORM

Day: DAYN

Time went to bed LAST NIGHT: _____ AM/PM

Time woke up: _____ AM/PM

Time went to bed TONIGHT: _____:_____ AM/PM

See previous page for variable names.

	NOON			6:00 PM					
	MORNING			AFTERNOON			EVENING		
	1-15 MIN.	16-30 MIN.	OVER 30	1-15 MIN.	16-30 MIN.	OVER 30	1-15 MIN.	16-30 MIN.	OVER 30
1. Dancing, Cheerleading, or Jumping Rope		DANC1			DANC2			DANC3	
2. Exercises, Gymnastics, or Baton Twirling		GYM1			GYM2			GYM3	
3. Soccer, Running, Field Hockey, or LaCrosse		RUN1			RUN2			RUN3	
4. Jogging, Skating, or Aerobics		JOG1			JOG2			JOG3	
5. Bike Riding, Walking Fast, or Relay Running		BIKE1			BIKE2			BIKE3	
6. Reading, Sitting, Listening to Music, Talking on Phone, or Watching TV		SIT1			SIT2			SIT3	
7. Kickball, Softball, Baseball, Volleyball, or Frisbee		KICK1			KICK2			KICK3	
8. Dodgeball or Basketball		BASK1			BASK2			BASK3	
9. Swimming or Tennis		SWIM1			SWIM2			SWIM3	
10. Walking		WALK1			WALK2			WALK3	
11. Other Activities (Write in) OTNAMA		OTHA1			OTHA2			OTHA3	
OTNAMB		OTHB1			OTHB2			OTHB3	
OTNAMC		OTHC1			OTHC2			OTHC3	

NHLBI Growth And Health Study
Physical Activity Diary

FTYPE NGHS Form 11
FREV Rev. 4 1/93

ID number: . . . . . ___-___ RID ___-___

Name code: . . . . . ___ ___ ___ ___ ___ ___

Visit number: . . . . . VISIT

Please *PRINT* your name:

First Name Middle Initial Last Name

USE THESE VARIABLES FOR TIME ON THE NEXT PAGE:

Time woke up : BEDHR2 : BEDMIN2 AM/PM. AMPM2

Time went to bed TONIGHT : BEDHR3 : BEDMIN3 AM/PM. AMPM3

ORGREP

Repl ☐

PHYSICAL ACTIVITY DIARY

Name:_____ Date: DO_FORM

Day: DAYN

Time woke up:

Tin See previous page for variable names. ...ed TONIGHT:_____:_____ AM/PM

	NOON			6:00 PM					
	MORNING			AFTERNOON			EVENING		
	1-15 MIN.	16-30 MIN.	OVER 30	1-15 MIN.	16-30 MIN.	OVER 30	1-15 MIN.	16-30 MIN.	OVER 30
1. Dancing, Cheerleading, or Jumping Rope		DANC1			DANC2			DANC3	
2. Exercises, Gymnastics, or Baton Twirling		GYM1			GYM2			GYM3	
3. Soccer, Running, Field Hockey, or LaCrosse		RUN1			RUN2			RUN3	
4. Jogging, Skating, or Aerobics		JOG1			JOG2			JOG3	
5. Bike Riding, Walking Fast, or Relay Running		BIKE1			BIKE2			BIKE3	
6. Reading, Sitting, Listening to Music, Talking on Phone, or Watching TV		SIT1			SIT2			SIT3	
7. Kickball, Softball, Baseball, Volleyball, or Frisbee		KICK1			KICK2			KICK3	
8. Dodgeball or Basketball		BASK1			BASK2			BASK3	
9. Swimming or Tennis		SWIM1			SWIM2			SWIM3	
10. Walking		WALK1			WALK2			WALK3	
11. Other Activities (Write in) OTNAMA		OTHA1			OTHA2			OTHA3	
OTNAMB		OTHB1			OTHB2			OTHB3	
OTNAMC		OTHC1			OTHC2			OTHC3	

NHLBI Growth And Health Study
Physical Activity Diary

FTYPE NGHS Form 11
FREV Rev. 5 4/94

ID number: . . . . . ___-___ **RID** ___-___

Name code: . . . . . ___ ___ ___ ___ ___ ___

Visit number: . . . . . **VISIT**

Please *PRINT* your name:

_____

First Name Middle Initial Last Name

USE THESE VARIABLES FOR TIME ON THE NEXT PAGE:

Time woke up :	**BEDHR2**	: **BEDMIN2**	AM/PM.	**AMPM2**
Time went to bed TONIGHT :	**BEDHR3**	: **BEDMIN3**	AM/PM.	**AMPM3**

Repl **ORGREP**

NGHS FORM 11
Rev. 5 04/94

PHYSICAL ACTIVITY DIARY

Name: _____ ID #: _____

Time woke up: ____ ____ AM/PM Day: **DAYN**

See previous page for variable names.

Time went to bed: ____:____ AM/PM Date: ____ ____ - **DO_FORM** - ____ ____
Month Day Year

	Wake-up time to Noon				Noon to 6:00 PM				6 PM to Bedtime			
	1-15 mins	16-30 mins	31-60 mins	Over 60 mins	1-15 mins	16-30 mins	31-60 mins	Over 60 mins	1-15 mins	16-30 mins	31-60 mins	Over 60 mins
1. Reading, Sitting, or Talking on the Phone		SITA1				SITA2				SITA3		
2. Watching TV or Listening to Music		SITB1				SITB2				SITB3		
3. Walking to go some place or Walking at a mall		WALK1				WALK2				WALK3		
4. Walking for Exercise or Bike Riding		BIKE1				BIKE2				BIKE3		
5. Dancing, Cheerleading, Jumping Rope		DANC1				DANC2				DANC3		
6. Exercises, Gymnastics, or Baton Twirling		GYM1				GYM2				GYM3		
7. Running, Track, Soccer, or Field Hockey		RUN1				RUN2				RUN3		
8. Jogging, Aerobics, Skating, or Rollerblading		JOG1				JOG2				JOG3		
9. Softball, Baseball, Volleyball or Frisbee		KICK1				KICK2				KICK3		
10. Basketball		BASK1				BASK2				BASK3		
11. Swimming or Tennis		SWIM1				SWIM2				SWIM3		
12. Bowling or Archery		BOWL1				BOWL2				BOWL3		
13. Weight Training, Badminton, or Golf		WEIGHT1				WEIGHT2				WEIGHT3		
14. Downhill Skiing or Racquetball		SKI1				SKI2				SKI3		
15. Standing, Cooking, Typing, Dishwashing, Light Cleaning, or Doing Laundry		STAND1				STAND2				STAND3		
16. Waitressing, Sweeping, Mopping, Vacuuming, Gardening, or Raking		SWEEP1				SWEEP2				SWEEP3		
17. Mowing, Shoveling, Carrying Heavy Loads or a Small Child, or Scrubbing Floors		MOW1				MOW2				MOW3		
18. Other Activities (Write In):												
OTNAMA		OTHA1				OTHA2				OTHA3		
OTNAMB		OTHB1				OTHB2				OTHB3		
OTNAMC		OTHC1				OTHC2				OTHC3		

PLEASE FILL THIS OUT AFTER COMPLETING EACH DAY IN YOUR PHYSICAL ACTIVITY DIARY

---

19. Was the amount of activity on Day 1 what you usually do?

    Day 1 (circle answer): YES NO USUALA

20. If NO, because (circle reason): A. Sick (confined to bed/couch/chair)

    REASONO B. Traveling

    C. Other OTHRMK

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19. Was the amount of activity on Day 2 what you usually do?

    Day 2 (circle answer): YES NO

20. If NO, because (circle reason): A. Sick (confined to bed/couch/chair)

    B. Traveling

    C. Other _____

---

19. Was the amount of activity on Day 3 what you usually do?

    Day 3 (circle answer): YES NO

20. If NO, because (circle reason): A. Sick (confined to bed/couch/chair)

    B. Traveling

    C. Other _____

NHLBI Growth And Health Study
Physical Activity Diary

FTYPE NGHS Form 11
FREV Rev. 7 1/96

ID number: ..... ___-___ RID ___-___

Name code: ..... ___ ___ ___ ___ ___ ___

Visit number: ..... VISIT

Please *PRINT* your name:

_____

First Name | Middle Initial | Last Name

USE THESE VARIABLES FOR TIME ON THE NEXT PAGE:

Time woke up :	BEDHR2 : BEDMIN2	AM/PM.	AMPM2
Time went to bed TONIGHT :	BEDHR3 : BEDMIN3	AM/PM.	AMPM3

ORGREP

Repl ☐

NGHS FORM 11
Rev. 7 1/96

PHYSICAL ACTIVITY DIARY

Name: _____ ID #: _____

Time woke up: ____ AM/PM Day: _____ DAYN Day #: 1 2 3

See previous page for variable names.

Time went to bed: ____:____ AM/PM Date: ____ ____ - ____ ____ - ____ ____ (Month / Day / Year) DO_FORM

	Wake-up time to Noon				Noon to 6:00 PM				6 PM to Bedtime			
	1-15 mins	16-30 mins	31-60 mins	Over 60 mins	1-15 mins	16-30 mins	31-60 mins	Over 60 mins	1-15 mins	16-30 mins	31-60 mins	Over 60 mins
1. Reading, Sitting, or Talking on the Phone		SITA1				SITA2				SITA3		
2. Watching TV or Listening to Music		SITB1				SITB2				SITB3		
3. Walking to go some place or Walking at a mall		WALK1				WALK2				WALK3		
4. Walking for Exercise or Bike Riding		BIKE1				BIKE2				BIKE3		
5. Dancing, Cheerleading, or Jumping Rope		ROPE1				ROPE2				ROPE3		
6. Exercises, Gymnastics, or Baton Twirling		GYM1				GYM2				GYM3		
7. Running, Soccer, Track, or Field Hockey		RUN1				RUN2				RUN3		
8. Jogging, Aerobics, Skating, or Rollerblading		JOG1				JOG2				JOG3		
9. Softball, Baseball, Volleyball or Frisbee		KICK1				KICK2				KICK3		
10. Basketball		BASK1				BASK2				BASK3		
11. Swimming or Tennis		SWIM1				SWIM2				SWIM3		
12. Bowling or Archery		BOWL1				BOWL2				BOWL3		
13. Weight Training, Golf, or Badminton		WEIGHT1				WEIGHT2				WEIGHT3		
14. Downhill Skiing or Racquetball		SKI1				SKI2				SKI3		
15. Standing, Cooking, Dishwashing, Light Cleaning, or Doing Laundry		STAND1				STAND2				STAND3		
16. Waitressing, Sweeping, Mopping, Vacuuming, Gardening, or Raking		SWEEP1				SWEEP2				SWEEP3		
17. Carrying Loads or a Small Child, Scrubbing Floors, Mowing, or Shoveling		MOW1				MOW2				MOW3		
18. Child and Infant Care: holding, feeding, bathing		CHILD1				CHILD2				CHILD3		
19. Other Activities (Write In):												
OTNAMA		OTHA1				OTHA2				OTHA3		
OTNAMB		OTHB1				OTHB2				OTHB3		
OTNAMC		OTHC1				OTHC2				OTHC3		

PLEASE FILL THIS OUT AFTER COMPLETING EACH DAY IN YOUR PHYSICAL ACTIVITY DIARY.	PLEASE DO NOT WRITE IN THE SHADED BOXES BELOW.
Day: **Date:**	**Replacement Day:** **Date:**
20. Was the amount of activity on Day 1 what you usually do? Day 1 (circle): YES NO **USUALA** 21. If no, because (Circle reason): A. Sick (confined to bed/couch/chair) **REASONO** B. Traveling C. Other **OTHRMK** 22. If you answered "no" above, how long were you sick, traveling or other? **USUALHR** hours	20. Was the amount of activity on Day 1 what you usually do? Day 1 (circle): YES NO 21. If no, because (Circle reason): A. Sick (confined to bed/couch/chair) B. Traveling C. Other _____ 22. If you answered "no" above, how long were you sick, traveling or other? _____ hours
Day: **Date:**	**Replacement Day:** **Date:**
20. Was the amount of activity on Day 2 what you usually do? Day 2 (circle): YES NO 21. If no, because (Circle reason): A. Sick (confined to bed/couch/chair) B. Traveling C. Other _____ 22. If you answered "no" above, how long were you sick, traveling or other? _____ hours	20. Was the amount of activity on Day 2 what you usually do? Day 2 (circle): YES NO 21. If no, because (Circle reason): A. Sick (confined to bed/couch/chair) B. Traveling C. Other _____ 22. If you answered "no" above, how long were you sick, traveling or other? _____ hours
Day: **Date:**	**Replacement Day:** **Date:**
20. Was the amount of activity on Day 3 what you usually do? Day 3 (circle): YES NO 21. If no, because (Circle reason): A. Sick (confined to bed/couch/chair) B. Traveling C. Other _____ 22. If you answered "no" above, how long were you sick, traveling or other? _____ hours	20. Was the amount of activity on Day 3 what you usually do? Day 3 (circle): YES NO 21. If no, because (Circle reason): A. Sick (confined to bed/couch/chair) B. Traveling C. Other _____ 22. If you answered "no" above, how long were you sick, traveling or other? _____ hours