

Entered: __/__/20__	Initials: _____	Verified: __/__/20__	Initials: _____
Patient ID _____	ID _____	Visit: _____	VISIT _____
For office use only.			

Stepwatch Activity Monitor-Seven Day Diary

Version: 08/28/2006 FORMV



Directions:

Placement: The Stepwatch Activity Monitor (SAM) must be worn with the rounded end UP. The writing on the case should appear right-side-up to someone standing next to you. The SAM should be placed just above your ankle bone on either side of either leg. It should not be worn on the front or back of the ankle. The Velcro strap can be adjusted for comfort. You may wear an extra sock if you would like additional padding.

Timing: Please wear the SAM for seven full days. The SAM should be worn from the time you wake up until you go to bed at night. It may be helpful to put the SAM by your alarm clock, glasses, coffee maker or other devices that are part of your daily morning routine in order to remember to put it on. Please also place the SAM **reminder notes** in places that you see early in the morning. For example, one note could be placed on your bathroom mirror and another on the inside of the front door of your house.

The SAM is waterproof and can be worn for bathing or swimming. However, the wet strap may be uncomfortable. Therefore, the SAM can be removed for water activities. If you swim or do water sports regularly and would like an extra strap especially for the water, please request one.

If you prefer not to think about putting the SAM on in the morning **you may wear it in bed**, leaving it on all day and all night.

Care: Although the SAM is sturdy, please treat it with care. The SAM should not be kept in hot places, such as the dashboard of a car.

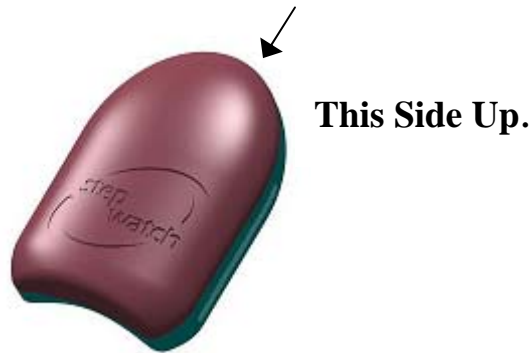
The SAM is always washed before and after it is given to a study participant. If you wish to clean the strap mid-week, you may dip it in alcohol just before you go to bed and hang it to dry overnight. In the morning, reinsert the strap such that the smoother side will be against your leg. The monitor can be wiped clean with a damp washcloth only.

Diary: Please complete Day 1 of the Activity Diary after you have worn the SAM for one full day. Continue wearing the SAM and filling out the Activity Diary until you have worn the SAM for **seven full days**. Please complete the Activity Diary each night before you go to bed or the following morning.

Missed Days: If you forget to wear the SAM for 5 or more hours during a day, you should cross out that day on your activity diary. You should wear the monitor an additional day and fill out a **make-up day** in the activity diary to make-up the missing day. A maximum of 3 missed days can be made up.

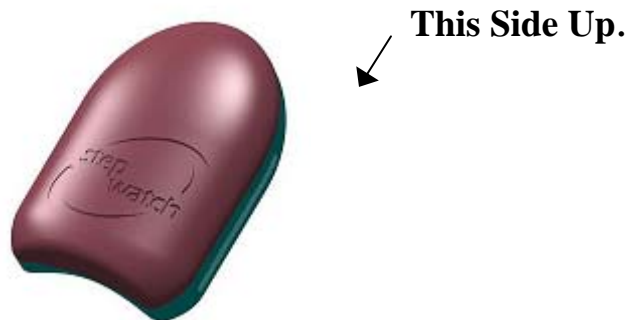
Returning the SAM: No matter how many days you wear the SAM, please put the SAM and the diary in the mail, within 10 days of receiving it, using the pre-addressed stamped envelope that you were given at your clinic visit. If you lose the envelope you should immediately call for a replacement. If you have any questions about wearing the SAM or how to fill out this activity diary please call your LABS coordinator (see last page for your LABS coordinators name and phone number) for instructions.

Please put on your Step Activity Monitor (SAM)



Cut here -----

Please put on your Step Activity Monitor (SAM)



Please fill out the following question AFTER you had worn the SAM, prior to returning it to the LABS Coordinator.

1. Please check the statement that best describes your physical activity level on the days you wore the Stepwatch Activity Monitor this week. (*Check only one*) **PHYACT**
1. I was much more active than usual.
2. I was active at about my usual level.
3. I was much less active than usual.

Date of First Diary: **SAMDATS**

Date of Last Diary: **SAMDATE**

Please return the SAM in the pre-addressed stamped envelope that you were given at your clinic visit by _____ (COORDINATOR: FILL IN DATE 10 DAYS AFTER SAM IS GIVEN OUT). If you have lost the envelope please call your LABS coordinator for a replacement.

[coordinator name]

[coordinator phone number].

Please do not fill out the following questions.
For official use only

1. How many week days (Monday-Friday) was the SAM worn? _____ **SAMWKDAY**
2. How many weekend days (Saturday-Sunday) was the SAM worn? _____ **SAMWKEND**

DAY 1

SAMDAY

Date: ___/___/20__

SAMDAT

- Sunday
 Monday
 Tuesday
 Wednesday
 Thursday
 Friday
 Saturday

1. Did you wear the SAM today? SAMWEAR

0. NO → Please cross out this page and make up a day after day 7.
 1. YES → Please continue

2. How many hours were you awake today, but not wearing the SAM? This includes the time NOTWEAR

- between when you got out of bed in the morning and put on your SAM
 - between when you took off the SAM and got into bed
 - that you removed the monitor during the day
- 0-1 hour
 1-2 hours
 3-4 hours
 5 or more hours*
- *If you removed the monitor for 5 or more hours today please make up a day after day 7*

3. Did you walk today specifically for exercise? WALKEXER

0. NO
 1. YES → Total minutes walked for exercise _____ min. **WALKMIN**

4. Using the list of physical activities below, please check any activities that you did today, and for each activity that you check indicate how long you did the activity. If you did any activities specifically for exercise today that are not listed below, please specify the activities after "other."

<input type="checkbox"/> Aerobic Dance AEROD _____ min. M	<input type="checkbox"/> Horseshoes HSHOE _____ min. M	<input type="checkbox"/> Skating (ice/roller) SKATE _____ min. M
<input type="checkbox"/> Backpacking BPACK _____ min. M	<input type="checkbox"/> Jogging/running JOG _____ min. M	<input type="checkbox"/> Snow skiing SSKI _____ min. M
<input type="checkbox"/> Badminton BADM _____ min. M	<input type="checkbox"/> Jump roping JUMP _____ min. M	<input type="checkbox"/> Snorkeling SNRKL _____ min. M
<input type="checkbox"/> Basketball BASKET _____ min. M	<input type="checkbox"/> Lacrosse LACR _____ min. M	<input type="checkbox"/> Snow shoeing SNOWS _____ min. M
<input type="checkbox"/> Baseball BASE _____ min. M	<input type="checkbox"/> Life Circuit weights CWGT _____ min. M	<input type="checkbox"/> Softball SOFT _____ min. M
<input type="checkbox"/> Bicycling BIKE _____ min. M	<input type="checkbox"/> Martial Arts MART _____ min. M	<input type="checkbox"/> Spinning/cycling CYCLE _____ min. M
<input type="checkbox"/> Bowling BOWL _____ min. M	<input type="checkbox"/> Miniature golf MINIG _____ min. M	<input type="checkbox"/> Stairmaster SMSTR _____ min. M
<input type="checkbox"/> Calisthenics CALI _____ min. M	<input type="checkbox"/> Nautilus NAUT _____ min. M	<input type="checkbox"/> Step aerobics SAERO _____ min. M
<input type="checkbox"/> Canoe/Kayaking CANOE _____ min. M	<input type="checkbox"/> Nordic Track NORD _____ min. M	<input type="checkbox"/> Stretching exercises STRCH _____ min. M
<input type="checkbox"/> Cardio glide CARD _____ min. M	<input type="checkbox"/> Pilates PILAT _____ min. M	<input type="checkbox"/> Swimming (laps) SWIM _____ min. M
<input type="checkbox"/> Cross trainer CROSS _____ min. M	<input type="checkbox"/> Ping pong PING _____ min. M	<input type="checkbox"/> Tai Chi TAI _____ min. M
<input type="checkbox"/> Dancing DANCE _____ min. M	<input type="checkbox"/> Play with kid (active) PLAY _____ min. M	<input type="checkbox"/> Tennis/platform tennis TENNIS _____ min. M
<input type="checkbox"/> Fishing FISH _____ min. M	<input type="checkbox"/> Punching bag PUNCH _____ min. M	<input type="checkbox"/> Ultimate frisbee FRISB _____ min. M
<input type="checkbox"/> Football FOOT _____ min. M	<input type="checkbox"/> Racquetball RQT _____ min. M	<input type="checkbox"/> Volleyball VOLLEY _____ min. M
<input type="checkbox"/> Frisbee FRIS _____ min. M	<input type="checkbox"/> Rafting RAFT _____ min. M	<input type="checkbox"/> Water jogging/aerobics WJOG _____ min. M
<input type="checkbox"/> Gardening GARD _____ min. M	<input type="checkbox"/> Rock climbing CLIMB _____ min. M	<input type="checkbox"/> Water skiing WSKI _____ min. M
<input type="checkbox"/> Golf GOLF _____ min. M	<input type="checkbox"/> Rollerblading RBLADE _____ min. M	<input type="checkbox"/> Weight lifting WGTLFT _____ min. M
<input type="checkbox"/> Handball HAND _____ min. M	<input type="checkbox"/> Rowing ROWW _____ min. M	<input type="checkbox"/> Wrestling WRESTL _____ min. M
<input type="checkbox"/> Hiking HIKE _____ min. M	<input type="checkbox"/> Sailing or paddle boat SAIL _____ min. M	<input type="checkbox"/> Yoga YOGA _____ min. M
<input type="checkbox"/> Hockey HOCK _____ min. M	<input type="checkbox"/> Scuba diving SCUBA _____ min. M	<input type="checkbox"/> Other SAMOTH1 _____ min. M
<input type="checkbox"/> Horseback riding HBACK _____ min. M	<input type="checkbox"/> Shuffleboard SBOARD _____ min. M	<input type="checkbox"/> SAMOTHS1 _____ min. M
<input type="checkbox"/> Hunting HUNT _____ min. M	<input type="checkbox"/> Soccer SOCCER _____ min. M	<input type="checkbox"/> Other SAMOTH2 _____ min. M
		<input type="checkbox"/> SAMOTHS2 _____ min. M
		<input type="checkbox"/> Other SAMOTH3 _____ min. M
		<input type="checkbox"/> SAMOTHS3 _____ min. M

DAY 2

Date: ___/___/20___ Sunday Monday Tuesday Wednesday Thursday Friday Saturday

1. Did you wear the SAM today?

- 0. NO → Please cross out this page and make up a day after day 7.
- 1. YES → Please continue

2. How many hours were you awake today, but not wearing the SAM? This includes the time

- between when you got out of bed in the morning and put on your SAM
- between when you took off the SAM and got into bed
- that you removed the monitor during the day

0-1 hour 1-2 hours 3-4 hours 5 or more hours*

**If you removed the monitor for 5 or more hours today please make up a day after day 7*

3. Did you walk today specifically for exercise? 0. NO

1. YES → Total minutes walked for exercise _____ min.

4. Using the list of physical activities below, please check any activities that you did today, and for each activity that you check indicate how long you did the activity. If you did any activities specifically for exercise today that are not listed below, please specify the activities after “other.”

<input type="checkbox"/> Aerobic Dance _____ min.	<input type="checkbox"/> Horseshoes _____ min.	<input type="checkbox"/> Skating (ice/roller) _____ min.
<input type="checkbox"/> Backpacking _____ min.	<input type="checkbox"/> Jogging/running _____ min.	<input type="checkbox"/> Snow skiing _____ min.
<input type="checkbox"/> Badminton _____ min.	<input type="checkbox"/> Jump roping _____ min.	<input type="checkbox"/> Snorkeling _____ min.
<input type="checkbox"/> Basketball _____ min.	<input type="checkbox"/> Lacrosse _____ min.	<input type="checkbox"/> Snow shoeing _____ min.
<input type="checkbox"/> Baseball _____ min.	<input type="checkbox"/> Life Circuit weights _____ min.	<input type="checkbox"/> Softball _____ min.
<input type="checkbox"/> Bicycling _____ min.	<input type="checkbox"/> Martial Arts _____ min.	<input type="checkbox"/> Spinning/cycling _____ min.
<input type="checkbox"/> Bowling _____ min.	<input type="checkbox"/> Miniature golf _____ min.	<input type="checkbox"/> Stairmaster _____ min.
<input type="checkbox"/> Calisthenics _____ min.	<input type="checkbox"/> Nautilus _____ min.	<input type="checkbox"/> Step aerobics _____ min.
<input type="checkbox"/> Canoe/Kayaking _____ min.	<input type="checkbox"/> Nordic Track _____ min.	<input type="checkbox"/> Stretching exercises _____ min.
<input type="checkbox"/> Cardio glide _____ min.	<input type="checkbox"/> Pilates _____ min.	<input type="checkbox"/> Swimming (laps) _____ min.
<input type="checkbox"/> Cross trainer _____ min.	<input type="checkbox"/> Ping pong _____ min.	<input type="checkbox"/> Tai Chi _____ min.
<input type="checkbox"/> Dancing _____ min.	<input type="checkbox"/> Play with kid (active) _____ min.	<input type="checkbox"/> Tennis/platform tennis _____ min.
<input type="checkbox"/> Fishing _____ min.	<input type="checkbox"/> Punching bag _____ min.	<input type="checkbox"/> Ultimate frisbee _____ min.
<input type="checkbox"/> Football _____ min.	<input type="checkbox"/> Racquetball _____ min.	<input type="checkbox"/> Volleyball _____ min.
<input type="checkbox"/> Frisbee _____ min.	<input type="checkbox"/> Rafting _____ min.	<input type="checkbox"/> Water jogging/aerobics _____ min.
<input type="checkbox"/> Gardening _____ min.	<input type="checkbox"/> Rock climbing _____ min.	<input type="checkbox"/> Water skiing _____ min.
<input type="checkbox"/> Golf _____ min.	<input type="checkbox"/> Rollerblading _____ min.	<input type="checkbox"/> Weight lifting _____ min.
<input type="checkbox"/> Handball _____ min.	<input type="checkbox"/> Rowing _____ min.	<input type="checkbox"/> Wrestling _____ min.
<input type="checkbox"/> Hiking _____ min.	<input type="checkbox"/> Sailing or paddle boat _____ min.	<input type="checkbox"/> Yoga _____ min.
<input type="checkbox"/> Hockey _____ min.	<input type="checkbox"/> Scuba diving _____ min.	<input type="checkbox"/> Other _____ min.
<input type="checkbox"/> Horseback riding _____ min.	<input type="checkbox"/> Shuffleboard _____ min.	<input type="checkbox"/> Other _____ min.
<input type="checkbox"/> Hunting _____ min.	<input type="checkbox"/> Soccer _____ min.	<input type="checkbox"/> Other _____ min.

DAY 3

Date: ____ / ____ / 20____ Sunday Monday Tuesday Wednesday Thursday Friday Saturday

1. Did you wear the SAM today?

- 0. NO → Please cross out this page and make up a day after day 7.
- 1. YES → Please continue

2. How many hours were you awake today, but not wearing the SAM? This includes the time

- between when you got out of bed in the morning and put on your SAM
- between when you took off the SAM and got into bed
- that you removed the monitor during the day

0-1 hour 1-2 hours 3-4 hours 5 or more hours*

**If you removed the monitor for 5 or more hours today please make up a day after day 7*

3. Did you walk today specifically for exercise? 0. NO

1. YES → Total minutes walked for exercise _____ min.

4. Using the list of physical activities below, please check any activities that you did today, and for each activity that you check indicate how long you did the activity. If you did any activities specifically for exercise today that are not listed below, please specify the activities after "other."

<input type="checkbox"/> Aerobic Dance _____ min.	<input type="checkbox"/> Horseshoes _____ min.	<input type="checkbox"/> Skating (ice/roller) _____ min.
<input type="checkbox"/> Backpacking _____ min.	<input type="checkbox"/> Jogging/running _____ min.	<input type="checkbox"/> Snow skiing _____ min.
<input type="checkbox"/> Badminton _____ min.	<input type="checkbox"/> Jump roping _____ min.	<input type="checkbox"/> Snorkeling _____ min.
<input type="checkbox"/> Basketball _____ min.	<input type="checkbox"/> Lacrosse _____ min.	<input type="checkbox"/> Snow shoeing _____ min.
<input type="checkbox"/> Baseball _____ min.	<input type="checkbox"/> Life Circuit weights _____ min.	<input type="checkbox"/> Softball _____ min.
<input type="checkbox"/> Bicycling _____ min.	<input type="checkbox"/> Martial Arts _____ min.	<input type="checkbox"/> Spinning/cycling _____ min.
<input type="checkbox"/> Bowling _____ min.	<input type="checkbox"/> Miniature golf _____ min.	<input type="checkbox"/> Stairmaster _____ min.
<input type="checkbox"/> Calisthenics _____ min.	<input type="checkbox"/> Nautilus _____ min.	<input type="checkbox"/> Step aerobics _____ min.
<input type="checkbox"/> Canoe/Kayaking _____ min.	<input type="checkbox"/> Nordic Track _____ min.	<input type="checkbox"/> Stretching exercises _____ min.
<input type="checkbox"/> Cardio glide _____ min.	<input type="checkbox"/> Pilates _____ min.	<input type="checkbox"/> Swimming (laps) _____ min.
<input type="checkbox"/> Cross trainer _____ min.	<input type="checkbox"/> Ping pong _____ min.	<input type="checkbox"/> Tai Chi _____ min.
<input type="checkbox"/> Dancing _____ min.	<input type="checkbox"/> Play with kid (active) _____ min.	<input type="checkbox"/> Tennis/platform tennis _____ min.
<input type="checkbox"/> Fishing _____ min.	<input type="checkbox"/> Punching bag _____ min.	<input type="checkbox"/> Ultimate frisbee _____ min.
<input type="checkbox"/> Football _____ min.	<input type="checkbox"/> Racquetball _____ min.	<input type="checkbox"/> Volleyball _____ min.
<input type="checkbox"/> Frisbee _____ min.	<input type="checkbox"/> Rafting _____ min.	<input type="checkbox"/> Water jogging/aerobics _____ min.
<input type="checkbox"/> Gardening _____ min.	<input type="checkbox"/> Rock climbing _____ min.	<input type="checkbox"/> Water skiing _____ min.
<input type="checkbox"/> Golf _____ min.	<input type="checkbox"/> Rollerblading _____ min.	<input type="checkbox"/> Weight lifting _____ min.
<input type="checkbox"/> Handball _____ min.	<input type="checkbox"/> Rowing _____ min.	<input type="checkbox"/> Wrestling _____ min.
<input type="checkbox"/> Hiking _____ min.	<input type="checkbox"/> Sailing or paddle boat _____ min.	<input type="checkbox"/> Yoga _____ min.
<input type="checkbox"/> Hockey _____ min.	<input type="checkbox"/> Scuba diving _____ min.	<input type="checkbox"/> Other _____ min.
<input type="checkbox"/> Horseback riding _____ min.	<input type="checkbox"/> Shuffleboard _____ min.	<input type="checkbox"/> Other _____ min.
<input type="checkbox"/> Hunting _____ min.	<input type="checkbox"/> Soccer _____ min.	<input type="checkbox"/> Other _____ min.

DAY 4

Date: ___/___/20___ Sunday Monday Tuesday Wednesday Thursday Friday Saturday

1. Did you wear the SAM today?

- 0. NO → Please cross out this page and make up a day after day 7.
- 1. YES → Please continue

2. How many hours were you awake today, but not wearing the SAM? This includes the time

- between when you got out of bed in the morning and put on your SAM
- between when you took off the SAM and got into bed
- that you removed the monitor during the day

0-1 hour 1-2 hours 3-4 hours 5 or more hours*

**If you removed the monitor for 5 or more hours today please make up a day after day 7*

3. Did you walk today specifically for exercise? 0. NO

1. YES → Total minutes walked for exercise _____ min.

4. Using the list of physical activities below, please check any activities that you did today, and for each activity that you check indicate how long you did the activity. If you did any activities specifically for exercise today that are not listed below, please specify the activities after “other.”

<input type="checkbox"/> Aerobic Dance _____ min.	<input type="checkbox"/> Horseshoes _____ min.	<input type="checkbox"/> Skating (ice/roller) _____ min.
<input type="checkbox"/> Backpacking _____ min.	<input type="checkbox"/> Jogging/running _____ min.	<input type="checkbox"/> Snow skiing _____ min.
<input type="checkbox"/> Badminton _____ min.	<input type="checkbox"/> Jump roping _____ min.	<input type="checkbox"/> Snorkeling _____ min.
<input type="checkbox"/> Basketball _____ min.	<input type="checkbox"/> Lacrosse _____ min.	<input type="checkbox"/> Snow shoeing _____ min.
<input type="checkbox"/> Baseball _____ min.	<input type="checkbox"/> Life Circuit weights _____ min.	<input type="checkbox"/> Softball _____ min.
<input type="checkbox"/> Bicycling _____ min.	<input type="checkbox"/> Martial Arts _____ min.	<input type="checkbox"/> Spinning/cycling _____ min.
<input type="checkbox"/> Bowling _____ min.	<input type="checkbox"/> Miniature golf _____ min.	<input type="checkbox"/> Stairmaster _____ min.
<input type="checkbox"/> Calisthenics _____ min.	<input type="checkbox"/> Nautilus _____ min.	<input type="checkbox"/> Step aerobics _____ min.
<input type="checkbox"/> Canoe/Kayaking _____ min.	<input type="checkbox"/> Nordic Track _____ min.	<input type="checkbox"/> Stretching exercises _____ min.
<input type="checkbox"/> Cardio glide _____ min.	<input type="checkbox"/> Pilates _____ min.	<input type="checkbox"/> Swimming (laps) _____ min.
<input type="checkbox"/> Cross trainer _____ min.	<input type="checkbox"/> Ping pong _____ min.	<input type="checkbox"/> Tai Chi _____ min.
<input type="checkbox"/> Dancing _____ min.	<input type="checkbox"/> Play with kid (active) _____ min.	<input type="checkbox"/> Tennis/platform tennis _____ min.
<input type="checkbox"/> Fishing _____ min.	<input type="checkbox"/> Punching bag _____ min.	<input type="checkbox"/> Ultimate frisbee _____ min.
<input type="checkbox"/> Football _____ min.	<input type="checkbox"/> Racquetball _____ min.	<input type="checkbox"/> Volleyball _____ min.
<input type="checkbox"/> Frisbee _____ min.	<input type="checkbox"/> Rafting _____ min.	<input type="checkbox"/> Water jogging/aerobics _____ min.
<input type="checkbox"/> Gardening _____ min.	<input type="checkbox"/> Rock climbing _____ min.	<input type="checkbox"/> Water skiing _____ min.
<input type="checkbox"/> Golf _____ min.	<input type="checkbox"/> Rollerblading _____ min.	<input type="checkbox"/> Weight lifting _____ min.
<input type="checkbox"/> Handball _____ min.	<input type="checkbox"/> Rowing _____ min.	<input type="checkbox"/> Wrestling _____ min.
<input type="checkbox"/> Hiking _____ min.	<input type="checkbox"/> Sailing or paddle boat _____ min.	<input type="checkbox"/> Yoga _____ min.
<input type="checkbox"/> Hockey _____ min.	<input type="checkbox"/> Scuba diving _____ min.	<input type="checkbox"/> Other _____ min.
<input type="checkbox"/> Horseback riding _____ min.	<input type="checkbox"/> Shuffleboard _____ min.	<input type="checkbox"/> Other _____ min.
<input type="checkbox"/> Hunting _____ min.	<input type="checkbox"/> Soccer _____ min.	<input type="checkbox"/> Other _____ min.

DAY 5

Date: ___/___/20___ Sunday Monday Tuesday Wednesday Thursday Friday Saturday

1. Did you wear the SAM today?
 0. NO → Please cross out this page and make up a day after day 7.
 1. YES → Please continue

2. How many hours were you awake today, but not wearing the SAM? This includes the time

- between when you got out of bed in the morning and put on your SAM
- between when you took off the SAM and got into bed
- that you removed the monitor during the day

0-1 hour 1-2 hours 3-4 hours 5 or more hours*

**If you removed the monitor for 5 or more hours today please make up a day after day 7*

3. Did you walk today specifically for exercise? 0. NO
 1. YES → Total minutes walked for exercise _____ min.

4. Using the list of physical activities below, please check any activities that you did today, and for each activity that you check indicate how long you did the activity. If you did any activities specifically for exercise today that are not listed below, please specify the activities after "other."

<input type="checkbox"/> Aerobic Dance _____ min.	<input type="checkbox"/> Horseshoes _____ min.	<input type="checkbox"/> Skating (ice/roller) _____ min.
<input type="checkbox"/> Backpacking _____ min.	<input type="checkbox"/> Jogging/running _____ min.	<input type="checkbox"/> Snow skiing _____ min.
<input type="checkbox"/> Badminton _____ min.	<input type="checkbox"/> Jump roping _____ min.	<input type="checkbox"/> Snorkeling _____ min.
<input type="checkbox"/> Basketball _____ min.	<input type="checkbox"/> Lacrosse _____ min.	<input type="checkbox"/> Snow shoeing _____ min.
<input type="checkbox"/> Baseball _____ min.	<input type="checkbox"/> Life Circuit weights _____ min.	<input type="checkbox"/> Softball _____ min.
<input type="checkbox"/> Bicycling _____ min.	<input type="checkbox"/> Martial Arts _____ min.	<input type="checkbox"/> Spinning/cycling _____ min.
<input type="checkbox"/> Bowling _____ min.	<input type="checkbox"/> Miniature golf _____ min.	<input type="checkbox"/> Stairmaster _____ min.
<input type="checkbox"/> Calisthenics _____ min.	<input type="checkbox"/> Nautilus _____ min.	<input type="checkbox"/> Step aerobics _____ min.
<input type="checkbox"/> Canoe/Kayaking _____ min.	<input type="checkbox"/> Nordic Track _____ min.	<input type="checkbox"/> Stretching exercises _____ min.
<input type="checkbox"/> Cardio glide _____ min.	<input type="checkbox"/> Pilates _____ min.	<input type="checkbox"/> Swimming (laps) _____ min.
<input type="checkbox"/> Cross trainer _____ min.	<input type="checkbox"/> Ping pong _____ min.	<input type="checkbox"/> Tai Chi _____ min.
<input type="checkbox"/> Dancing _____ min.	<input type="checkbox"/> Play with kid (active) _____ min.	<input type="checkbox"/> Tennis/platform tennis _____ min.
<input type="checkbox"/> Fishing _____ min.	<input type="checkbox"/> Punching bag _____ min.	<input type="checkbox"/> Ultimate frisbee _____ min.
<input type="checkbox"/> Football _____ min.	<input type="checkbox"/> Racquetball _____ min.	<input type="checkbox"/> Volleyball _____ min.
<input type="checkbox"/> Frisbee _____ min.	<input type="checkbox"/> Rafting _____ min.	<input type="checkbox"/> Water jogging/aerobics _____ min.
<input type="checkbox"/> Gardening _____ min.	<input type="checkbox"/> Rock climbing _____ min.	<input type="checkbox"/> Water skiing _____ min.
<input type="checkbox"/> Golf _____ min.	<input type="checkbox"/> Rollerblading _____ min.	<input type="checkbox"/> Weight lifting _____ min.
<input type="checkbox"/> Handball _____ min.	<input type="checkbox"/> Rowing _____ min.	<input type="checkbox"/> Wrestling _____ min.
<input type="checkbox"/> Hiking _____ min.	<input type="checkbox"/> Sailing or paddle boat _____ min.	<input type="checkbox"/> Yoga _____ min.
<input type="checkbox"/> Hockey _____ min.	<input type="checkbox"/> Scuba diving _____ min.	<input type="checkbox"/> Other _____ min.
<input type="checkbox"/> Horseback riding _____ min.	<input type="checkbox"/> Shuffleboard _____ min.	<input type="checkbox"/> Other _____ min.
<input type="checkbox"/> Hunting _____ min.	<input type="checkbox"/> Soccer _____ min.	<input type="checkbox"/> Other _____ min.

DAY 6

Date: ___/___/20___ Sunday Monday Tuesday Wednesday Thursday Friday Saturday

1. Did you wear the SAM today?
 0. NO → Please cross out this page and make up a day after day 7.
 1. YES → Please continue

2. How many hours were you awake today, but not wearing the SAM? This includes the time

- between when you got out of bed in the morning and put on your SAM
- between when you took off the SAM and got into bed
- that you removed the monitor during the day

0-1 hour 1-2 hours 3-4 hours 5 or more hours*

**If you removed the monitor for 5 or more hours today please make up a day after day 7*

3. Did you walk today specifically for exercise? 0. NO
 1. YES → Total minutes walked for exercise _____ min.

4. Using the list of physical activities below, please check any activities that you did today, and for each activity that you check indicate how long you did the activity. If you did any activities specifically for exercise today that are not listed below, please specify the activities after “other.”

<input type="checkbox"/> Aerobic Dance _____ min.	<input type="checkbox"/> Horseshoes _____ min.	<input type="checkbox"/> Skating (ice/roller) _____ min.
<input type="checkbox"/> Backpacking _____ min.	<input type="checkbox"/> Jogging/running _____ min.	<input type="checkbox"/> Snow skiing _____ min.
<input type="checkbox"/> Badminton _____ min.	<input type="checkbox"/> Jump roping _____ min.	<input type="checkbox"/> Snorkeling _____ min.
<input type="checkbox"/> Basketball _____ min.	<input type="checkbox"/> Lacrosse _____ min.	<input type="checkbox"/> Snow shoeing _____ min.
<input type="checkbox"/> Baseball _____ min.	<input type="checkbox"/> Life Circuit weights _____ min.	<input type="checkbox"/> Softball _____ min.
<input type="checkbox"/> Bicycling _____ min.	<input type="checkbox"/> Martial Arts _____ min.	<input type="checkbox"/> Spinning/cycling _____ min.
<input type="checkbox"/> Bowling _____ min.	<input type="checkbox"/> Miniature golf _____ min.	<input type="checkbox"/> Stairmaster _____ min.
<input type="checkbox"/> Calisthenics _____ min.	<input type="checkbox"/> Nautilus _____ min.	<input type="checkbox"/> Step aerobics _____ min.
<input type="checkbox"/> Canoe/Kayaking _____ min.	<input type="checkbox"/> Nordic Track _____ min.	<input type="checkbox"/> Stretching exercises _____ min.
<input type="checkbox"/> Cardio glide _____ min.	<input type="checkbox"/> Pilates _____ min.	<input type="checkbox"/> Swimming (laps) _____ min.
<input type="checkbox"/> Cross trainer _____ min.	<input type="checkbox"/> Ping pong _____ min.	<input type="checkbox"/> Tai Chi _____ min.
<input type="checkbox"/> Dancing _____ min.	<input type="checkbox"/> Play with kid (active) _____ min.	<input type="checkbox"/> Tennis/platform tennis _____ min.
<input type="checkbox"/> Fishing _____ min.	<input type="checkbox"/> Punching bag _____ min.	<input type="checkbox"/> Ultimate frisbee _____ min.
<input type="checkbox"/> Football _____ min.	<input type="checkbox"/> Racquetball _____ min.	<input type="checkbox"/> Volleyball _____ min.
<input type="checkbox"/> Frisbee _____ min.	<input type="checkbox"/> Rafting _____ min.	<input type="checkbox"/> Water jogging/aerobics _____ min.
<input type="checkbox"/> Gardening _____ min.	<input type="checkbox"/> Rock climbing _____ min.	<input type="checkbox"/> Water skiing _____ min.
<input type="checkbox"/> Golf _____ min.	<input type="checkbox"/> Rollerblading _____ min.	<input type="checkbox"/> Weight lifting _____ min.
<input type="checkbox"/> Handball _____ min.	<input type="checkbox"/> Rowing _____ min.	<input type="checkbox"/> Wrestling _____ min.
<input type="checkbox"/> Hiking _____ min.	<input type="checkbox"/> Sailing or paddle boat _____ min.	<input type="checkbox"/> Yoga _____ min.
<input type="checkbox"/> Hockey _____ min.	<input type="checkbox"/> Scuba diving _____ min.	<input type="checkbox"/> Other _____ min.
<input type="checkbox"/> Horseback riding _____ min.	<input type="checkbox"/> Shuffleboard _____ min.	<input type="checkbox"/> Other _____ min.
<input type="checkbox"/> Hunting _____ min.	<input type="checkbox"/> Soccer _____ min.	<input type="checkbox"/> Other _____ min.

DAY 7

Date: ___/___/20___ Sunday Monday Tuesday Wednesday Thursday Friday Saturday

1. Did you wear the SAM today?
 0. NO → Please cross out this page and make up a day after day 7.
 1. YES → Please continue

2. How many hours were you awake today, but not wearing the SAM? This includes the time
 • between when you got out of bed in the morning and put on your SAM
 • between when you took off the SAM and got into bed
 • that you removed the monitor during the day

0-1 hour 1-2 hours 3-4 hours 5 or more hours*

**If you removed the monitor for 5 or more hours today please make up a day after day 7*

3. Did you walk today specifically for exercise? 0. NO
 1. YES → Total minutes walked for exercise _____ min.

4. Using the list of physical activities below, please check any activities that you did today, and for each activity that you check indicate how long you did the activity. If you did any activities specifically for exercise today that are not listed below, please specify the activities after "other."

<input type="checkbox"/> Aerobic Dance _____ min.	<input type="checkbox"/> Horseshoes _____ min.	<input type="checkbox"/> Skating (ice/roller) _____ min.
<input type="checkbox"/> Backpacking _____ min.	<input type="checkbox"/> Jogging/running _____ min.	<input type="checkbox"/> Snow skiing _____ min.
<input type="checkbox"/> Badminton _____ min.	<input type="checkbox"/> Jump roping _____ min.	<input type="checkbox"/> Snorkeling _____ min.
<input type="checkbox"/> Basketball _____ min.	<input type="checkbox"/> Lacrosse _____ min.	<input type="checkbox"/> Snow shoeing _____ min.
<input type="checkbox"/> Baseball _____ min.	<input type="checkbox"/> Life Circuit weights _____ min.	<input type="checkbox"/> Softball _____ min.
<input type="checkbox"/> Bicycling _____ min.	<input type="checkbox"/> Martial Arts _____ min.	<input type="checkbox"/> Spinning/cycling _____ min.
<input type="checkbox"/> Bowling _____ min.	<input type="checkbox"/> Miniature golf _____ min.	<input type="checkbox"/> Stairmaster _____ min.
<input type="checkbox"/> Calisthenics _____ min.	<input type="checkbox"/> Nautilus _____ min.	<input type="checkbox"/> Step aerobics _____ min.
<input type="checkbox"/> Canoe/Kayaking _____ min.	<input type="checkbox"/> Nordic Track _____ min.	<input type="checkbox"/> Stretching exercises _____ min.
<input type="checkbox"/> Cardio glide _____ min.	<input type="checkbox"/> Pilates _____ min.	<input type="checkbox"/> Swimming (laps) _____ min.
<input type="checkbox"/> Cross trainer _____ min.	<input type="checkbox"/> Ping pong _____ min.	<input type="checkbox"/> Tai Chi _____ min.
<input type="checkbox"/> Dancing _____ min.	<input type="checkbox"/> Play with kid (active) _____ min.	<input type="checkbox"/> Tennis/platform tennis _____ min.
<input type="checkbox"/> Fishing _____ min.	<input type="checkbox"/> Punching bag _____ min.	<input type="checkbox"/> Ultimate frisbee _____ min.
<input type="checkbox"/> Football _____ min.	<input type="checkbox"/> Racquetball _____ min.	<input type="checkbox"/> Volleyball _____ min.
<input type="checkbox"/> Frisbee _____ min.	<input type="checkbox"/> Rafting _____ min.	<input type="checkbox"/> Water jogging/aerobics _____ min.
<input type="checkbox"/> Gardening _____ min.	<input type="checkbox"/> Rock climbing _____ min.	<input type="checkbox"/> Water skiing _____ min.
<input type="checkbox"/> Golf _____ min.	<input type="checkbox"/> Rollerblading _____ min.	<input type="checkbox"/> Weight lifting _____ min.
<input type="checkbox"/> Handball _____ min.	<input type="checkbox"/> Rowing _____ min.	<input type="checkbox"/> Wrestling _____ min.
<input type="checkbox"/> Hiking _____ min.	<input type="checkbox"/> Sailing or paddle boat _____ min.	<input type="checkbox"/> Yoga _____ min.
<input type="checkbox"/> Hockey _____ min.	<input type="checkbox"/> Scuba diving _____ min.	<input type="checkbox"/> Other _____ min.
<input type="checkbox"/> Horseback riding _____ min.	<input type="checkbox"/> Shuffleboard _____ min.	<input type="checkbox"/> Other _____ min.
<input type="checkbox"/> Hunting _____ min.	<input type="checkbox"/> Soccer _____ min.	<input type="checkbox"/> Other _____ min.

If you have worn the SAM for **7 days** please return the SAM in the pre-addressed stamped envelope that you were given at your clinic visit. If you have lost the envelope please call your LABS coordinator (see last page for your LABS coordinators name and phone number) for a replacement.

If you have worn the SAM for fewer than 7 days, please continue to wear the SAM and fill out the **make-up day(s)** in the diary for up to 3 additional days.

Make-up Day 1:

Date: ___/___/20___ Sunday Monday Tuesday Wednesday Thursday Friday Saturday

1. Did you wear the SAM today?
 0. NO → Please cross out this page and make up a day after day 7.
 1. YES → Please continue

2. How many hours were you awake today, but not wearing the SAM? This includes the time

- between when you got out of bed in the morning and put on your SAM
- between when you took off the SAM and got into bed
- that you removed the monitor during the day

0-1 hour 1-2 hours 3-4 hours 5 or more hours*

**If you removed the monitor for 5 or more hours today please make up a day after day 7*

3. Did you walk today specifically for exercise? 0. NO
 1. YES → Total minutes walked for exercise _____ min.

4. Using the list of physical activities below, please check any activities that you did today, and for each activity that you check indicate how long you did the activity. If you did any activities specifically for exercise today that are not listed below, please specify the activities after "other."

<input type="checkbox"/> Aerobic Dance _____ min.	<input type="checkbox"/> Horseshoes _____ min.	<input type="checkbox"/> Skating (ice/roller) _____ min.
<input type="checkbox"/> Backpacking _____ min.	<input type="checkbox"/> Jogging/running _____ min.	<input type="checkbox"/> Snow skiing _____ min.
<input type="checkbox"/> Badminton _____ min.	<input type="checkbox"/> Jump roping _____ min.	<input type="checkbox"/> Snorkeling _____ min.
<input type="checkbox"/> Basketball _____ min.	<input type="checkbox"/> Lacrosse _____ min.	<input type="checkbox"/> Snow shoeing _____ min.
<input type="checkbox"/> Baseball _____ min.	<input type="checkbox"/> Life Circuit weights _____ min.	<input type="checkbox"/> Softball _____ min.
<input type="checkbox"/> Bicycling _____ min.	<input type="checkbox"/> Martial Arts _____ min.	<input type="checkbox"/> Spinning/cycling _____ min.
<input type="checkbox"/> Bowling _____ min.	<input type="checkbox"/> Miniature golf _____ min.	<input type="checkbox"/> Stairmaster _____ min.
<input type="checkbox"/> Calisthenics _____ min.	<input type="checkbox"/> Nautilus _____ min.	<input type="checkbox"/> Step aerobics _____ min.
<input type="checkbox"/> Canoe/Kayaking _____ min.	<input type="checkbox"/> Nordic Track _____ min.	<input type="checkbox"/> Stretching exercises _____ min.
<input type="checkbox"/> Cardio glide _____ min.	<input type="checkbox"/> Pilates _____ min.	<input type="checkbox"/> Swimming (laps) _____ min.
<input type="checkbox"/> Cross trainer _____ min.	<input type="checkbox"/> Ping pong _____ min.	<input type="checkbox"/> Tai Chi _____ min.
<input type="checkbox"/> Dancing _____ min.	<input type="checkbox"/> Play with kid (active) _____ min.	<input type="checkbox"/> Tennis/platform tennis _____ min.
<input type="checkbox"/> Fishing _____ min.	<input type="checkbox"/> Punching bag _____ min.	<input type="checkbox"/> Ultimate frisbee _____ min.
<input type="checkbox"/> Football _____ min.	<input type="checkbox"/> Racquetball _____ min.	<input type="checkbox"/> Volleyball _____ min.
<input type="checkbox"/> Frisbee _____ min.	<input type="checkbox"/> Rafting _____ min.	<input type="checkbox"/> Water jogging/aerobics _____ min.
<input type="checkbox"/> Gardening _____ min.	<input type="checkbox"/> Rock climbing _____ min.	<input type="checkbox"/> Water skiing _____ min.
<input type="checkbox"/> Golf _____ min.	<input type="checkbox"/> Rollerblading _____ min.	<input type="checkbox"/> Weight lifting _____ min.
<input type="checkbox"/> Handball _____ min.	<input type="checkbox"/> Rowing _____ min.	<input type="checkbox"/> Wrestling _____ min.
<input type="checkbox"/> Hiking _____ min.	<input type="checkbox"/> Sailing or paddle boat _____ min.	<input type="checkbox"/> Yoga _____ min.
<input type="checkbox"/> Hockey _____ min.	<input type="checkbox"/> Scuba diving _____ min.	<input type="checkbox"/> Other _____ min.
<input type="checkbox"/> Horseback riding _____ min.	<input type="checkbox"/> Shuffleboard _____ min.	<input type="checkbox"/> Other _____ min.
<input type="checkbox"/> Hunting _____ min.	<input type="checkbox"/> Soccer _____ min.	<input type="checkbox"/> Other _____ min.

Make-up Day 2: If you have worn the SAM 7 days, please return the SAM.

Date: ___ / ___ / 20___ Sunday Monday Tuesday Wednesday Thursday Friday Saturday

1. Did you wear the SAM today?
 0. NO → Please cross out this page and make up a day after day 7.
 1. YES → Please continue

2. How many hours were you awake today, but not wearing the SAM? This includes the time

- between when you got out of bed in the morning and put on your SAM
- between when you took off the SAM and got into bed
- that you removed the monitor during the day

0-1 hour 1-2 hours 3-4 hours 5 or more hours*

**If you removed the monitor for 5 or more hours today please make up a day after day 7*

3. Did you walk today specifically for exercise? 0. NO
 1. YES → Total minutes walked for exercise _____ min.

4. Using the list of physical activities below, please check any activities that you did today, and for each activity that you check indicate how long you did the activity. If you did any activities specifically for exercise today that are not listed below, please specify the activities after “other.”

<input type="checkbox"/> Aerobic Dance _____ min.	<input type="checkbox"/> Horseshoes _____ min.	<input type="checkbox"/> Skating (ice/roller) _____ min.
<input type="checkbox"/> Backpacking _____ min.	<input type="checkbox"/> Jogging/running _____ min.	<input type="checkbox"/> Snow skiing _____ min.
<input type="checkbox"/> Badminton _____ min.	<input type="checkbox"/> Jump roping _____ min.	<input type="checkbox"/> Snorkeling _____ min.
<input type="checkbox"/> Basketball _____ min.	<input type="checkbox"/> Lacrosse _____ min.	<input type="checkbox"/> Snow shoeing _____ min.
<input type="checkbox"/> Baseball _____ min.	<input type="checkbox"/> Life Circuit weights _____ min.	<input type="checkbox"/> Softball _____ min.
<input type="checkbox"/> Bicycling _____ min.	<input type="checkbox"/> Martial Arts _____ min.	<input type="checkbox"/> Spinning/cycling _____ min.
<input type="checkbox"/> Bowling _____ min.	<input type="checkbox"/> Miniature golf _____ min.	<input type="checkbox"/> Stairmaster _____ min.
<input type="checkbox"/> Calisthenics _____ min.	<input type="checkbox"/> Nautilus _____ min.	<input type="checkbox"/> Step aerobics _____ min.
<input type="checkbox"/> Canoe/Kayaking _____ min.	<input type="checkbox"/> Nordic Track _____ min.	<input type="checkbox"/> Stretching exercises _____ min.
<input type="checkbox"/> Cardio glide _____ min.	<input type="checkbox"/> Pilates _____ min.	<input type="checkbox"/> Swimming (laps) _____ min.
<input type="checkbox"/> Cross trainer _____ min.	<input type="checkbox"/> Ping pong _____ min.	<input type="checkbox"/> Tai Chi _____ min.
<input type="checkbox"/> Dancing _____ min.	<input type="checkbox"/> Play with kid (active) _____ min.	<input type="checkbox"/> Tennis/platform tennis _____ min.
<input type="checkbox"/> Fishing _____ min.	<input type="checkbox"/> Punching bag _____ min.	<input type="checkbox"/> Ultimate frisbee _____ min.
<input type="checkbox"/> Football _____ min.	<input type="checkbox"/> Racquetball _____ min.	<input type="checkbox"/> Volleyball _____ min.
<input type="checkbox"/> Frisbee _____ min.	<input type="checkbox"/> Rafting _____ min.	<input type="checkbox"/> Water jogging/aerobics _____ min.
<input type="checkbox"/> Gardening _____ min.	<input type="checkbox"/> Rock climbing _____ min.	<input type="checkbox"/> Water skiing _____ min.
<input type="checkbox"/> Golf _____ min.	<input type="checkbox"/> Rollerblading _____ min.	<input type="checkbox"/> Weight lifting _____ min.
<input type="checkbox"/> Handball _____ min.	<input type="checkbox"/> Rowing _____ min.	<input type="checkbox"/> Wrestling _____ min.
<input type="checkbox"/> Hiking _____ min.	<input type="checkbox"/> Sailing or paddle boat _____ min.	<input type="checkbox"/> Yoga _____ min.
<input type="checkbox"/> Hockey _____ min.	<input type="checkbox"/> Scuba diving _____ min.	<input type="checkbox"/> Other _____ min.
<input type="checkbox"/> Horseback riding _____ min.	<input type="checkbox"/> Shuffleboard _____ min.	<input type="checkbox"/> Other _____ min.
<input type="checkbox"/> Hunting _____ min.	<input type="checkbox"/> Soccer _____ min.	<input type="checkbox"/> Other _____ min.

Make-up Day 3: If you have worn the SAM 7 days, please return the SAM.

Date: ___ / ___ / 20___ Sunday Monday Tuesday Wednesday Thursday Friday Saturday

1. Did you wear the SAM today?
 0. NO → Please cross out this page and make up a day after day 7.
 1. YES → Please continue

2. How many hours were you awake today, but not wearing the SAM? This includes the time

- between when you got out of bed in the morning and put on your SAM
- between when you took off the SAM and got into bed
- that you removed the monitor during the day

0-1 hour 1-2 hours 3-4 hours 5 or more hours*

**If you removed the monitor for 5 or more hours today please make up a day after day 7*

3. Did you walk today specifically for exercise? 0. NO
 1. YES → Total minutes walked for exercise _____ min.

4. Using the list of physical activities below, please check any activities that you did today, and for each activity that you check indicate how long you did the activity. If you did any activities specifically for exercise today that are not listed below, please specify the activities after “other.”

<input type="checkbox"/> Aerobic Dance _____ min.	<input type="checkbox"/> Horseshoes _____ min.	<input type="checkbox"/> Skating (ice/roller) _____ min.
<input type="checkbox"/> Backpacking _____ min.	<input type="checkbox"/> Jogging/running _____ min.	<input type="checkbox"/> Snow skiing _____ min.
<input type="checkbox"/> Badminton _____ min.	<input type="checkbox"/> Jump roping _____ min.	<input type="checkbox"/> Snorkeling _____ min.
<input type="checkbox"/> Basketball _____ min.	<input type="checkbox"/> Lacrosse _____ min.	<input type="checkbox"/> Snow shoeing _____ min.
<input type="checkbox"/> Baseball _____ min.	<input type="checkbox"/> Life Circuit weights _____ min.	<input type="checkbox"/> Softball _____ min.
<input type="checkbox"/> Bicycling _____ min.	<input type="checkbox"/> Martial Arts _____ min.	<input type="checkbox"/> Spinning/cycling _____ min.
<input type="checkbox"/> Bowling _____ min.	<input type="checkbox"/> Miniature golf _____ min.	<input type="checkbox"/> Stairmaster _____ min.
<input type="checkbox"/> Calisthenics _____ min.	<input type="checkbox"/> Nautilus _____ min.	<input type="checkbox"/> Step aerobics _____ min.
<input type="checkbox"/> Canoe/Kayaking _____ min.	<input type="checkbox"/> Nordic Track _____ min.	<input type="checkbox"/> Stretching exercises _____ min.
<input type="checkbox"/> Cardio glide _____ min.	<input type="checkbox"/> Pilates _____ min.	<input type="checkbox"/> Swimming (laps) _____ min.
<input type="checkbox"/> Cross trainer _____ min.	<input type="checkbox"/> Ping pong _____ min.	<input type="checkbox"/> Tai Chi _____ min.
<input type="checkbox"/> Dancing _____ min.	<input type="checkbox"/> Play with kid (active) _____ min.	<input type="checkbox"/> Tennis/platform tennis _____ min.
<input type="checkbox"/> Fishing _____ min.	<input type="checkbox"/> Punching bag _____ min.	<input type="checkbox"/> Ultimate frisbee _____ min.
<input type="checkbox"/> Football _____ min.	<input type="checkbox"/> Racquetball _____ min.	<input type="checkbox"/> Volleyball _____ min.
<input type="checkbox"/> Frisbee _____ min.	<input type="checkbox"/> Rafting _____ min.	<input type="checkbox"/> Water jogging/aerobics _____ min.
<input type="checkbox"/> Gardening _____ min.	<input type="checkbox"/> Rock climbing _____ min.	<input type="checkbox"/> Water skiing _____ min.
<input type="checkbox"/> Golf _____ min.	<input type="checkbox"/> Rollerblading _____ min.	<input type="checkbox"/> Weight lifting _____ min.
<input type="checkbox"/> Handball _____ min.	<input type="checkbox"/> Rowing _____ min.	<input type="checkbox"/> Wrestling _____ min.
<input type="checkbox"/> Hiking _____ min.	<input type="checkbox"/> Sailing or paddle boat _____ min.	<input type="checkbox"/> Yoga _____ min.
<input type="checkbox"/> Hockey _____ min.	<input type="checkbox"/> Scuba diving _____ min.	<input type="checkbox"/> Other _____ min.
<input type="checkbox"/> Horseback riding _____ min.	<input type="checkbox"/> Shuffleboard _____ min.	<input type="checkbox"/> Other _____ min.
<input type="checkbox"/> Hunting _____ min.	<input type="checkbox"/> Soccer _____ min.	<input type="checkbox"/> Other _____ min.