

Entered: __/__/20__	Initials: _____	Verified: __/__/20__	Initials: _____
Participant ID: _____	ID		Visit: _____
<i>For office use only</i>			

Activity Diary (AD) - Version: 11/28/2006 FORMV

For one week (7 consecutive days) please complete the Activity Diary each night before you go to bed or the following morning. Please use the diary to record your physical activity for the corresponding day. After 7 days, please place all 7 pages of the diary into the envelope, and bring it to your next visit at the Weight and Eating Disorders Program.

DAY 2

Date: ___/___/20___

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

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

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.”

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

DAY 3

Date: ___/___/20___

Sunday

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Did you walk today specifically for exercise?

 0. NO 1. YES —>Total minutes walked for exercise _____ min.

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.”

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

DAY 4

Date: ___/___/20___

Sunday

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Did you walk today specifically for exercise?

 0. NO 1. YES —>Total minutes walked for exercise _____ min.

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.”

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

DAY 5

Date: ___/___/20___

Sunday

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

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

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.”

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

DAY 6

Date: ___/___/20___

Sunday

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Did you walk today specifically for exercise?

 0. NO 1. YES —>Total minutes walked for exercise _____ min.

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.”

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

DAY 7

Date: ___/___/20___

Sunday

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

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

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.”

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