

Motion Monitor Record DAY 7
(circle AM or PM where indicated)

Date: ____ / ____ / ____
Time Awake: _____ (AM PM)
Time On: _____ (AM PM)
<p>Did you take the monitor off for more than 20 minutes during the day? Yes No</p> <p>Time(s) Off: _____ (AM PM)</p> <p>Why:</p>
<p>Did you exercise today? Yes No</p> <p>Start Time: _____ (AM PM)</p> <p>Stop Time: _____ (AM PM)</p> <p>Type of Exercise:</p>
Time Off: _____ (AM PM)
Time to Sleep: _____ (AM PM)

ENLACE Program

Motion Monitor Record Booklet

Dates ____/____/____ to ____/____/____

If you have questions or problems call:

Firstname Lastname
(XXX) XXX-XXXX

**RETURN THIS BOOKLET WITH
THE MOTION MONITOR!**

40 WEEKS — Cohort 4

For office use only:

Screen ID: _____ Interviewer ID: _____

Study ID: _____ Monitor: _____

Download date: _____ Filename: _____

INSTRUCTIONS

We are asking you to wear the motion monitor **during all waking hours for 7 days in row, as instructed**, so that we can measure your activity patterns. Wearing one is easy to do, and most people forget they even have it on.

The motion monitor should be worn over your right hip and fastened tightly with the belt around your waist unless you have been told otherwise.



The motion monitor should not be removed from its pouch, but if it does come out of the pouch, replace it in the pouch so the GT3X symbol points up towards your head and away from your body.

A safety pin can be used **along with the belt** to hold the motion monitor in place.

1. Put on the sensor **when you wake up** and write down the date and what time you put it on in your booklet.
2. If you take the monitor off during the day for **more than 20 minutes**, write down the time you take it off and the reason why you took it off.
3. Leave the monitor **in a safe place** where you will be sure to see it first thing in the morning.

Motion Monitor Record DAY 6 (circle AM or PM where indicated)

Date: ____ / ____ / ____
Time Awake: _____ (AM PM) Time On: _____ (AM PM)
Did you take the monitor off for more than 20 minutes during the day? Yes No Time(s) Off: _____ (AM PM) Why:
Did you exercise today? Yes No Start Time: _____ (AM PM) Stop Time: _____ (AM PM) Type of Exercise:
Time Off: _____ (AM PM) Time to Sleep: _____ (AM PM)

Motion Monitor Record DAY 5
(circle AM or PM where indicated)

Date: _____ / _____ / _____
Time Awake: _____ (AM PM)
Time On: _____ (AM PM)
Did you take the monitor off for more than 20 minutes during the day? Yes No
Time(s) Off: _____ (AM PM)
Why:
Did you exercise today? Yes No
Start Time: _____ (AM PM)
Stop Time: _____ (AM PM)
Type of Exercise:
Time Off: _____ (AM PM)
Time to Sleep: _____ (AM PM)

REMEMBER

- Take the monitor off when you are bathing, showering, or swimming to keep it dry. Be sure to put it back on when you are out of the water.
- Do your daily activities just like you always do without any changes (for example, do not start exercising now if you do not already exercise).
- Be careful when using the bathroom, changing clothes and doing similar activities so that the sensor does not drop or get hit against a hard object.
- **Wear the monitor everyday for at least 12 hours!**
 - If you forget to put it on for an entire day, note the date you forgot on your calendar and wear the monitor for one extra day. You may be asked to wear the monitor an additional day.
 - Even if you forget for part of the day, put the monitor on as soon as you remember and write down the TIME ON in your booklet for that day.
- Fill out one of the following pages in this booklet for each day you wear the monitor .

QUESTIONS?

Contact **David Garcia** at **(956) 296-1468**. If no one answers, please leave your name and phone number, and your call will be returned. Messages left over the weekend will be returned on Monday.

EXAMPLE: Motion Monitor Record
(circle AM or PM where indicated)

Date: ____ / ____ / ____
Time Awake: _____ (AM PM) Time On: _____ (AM PM)
Did you take the monitor off for more than 20 minutes during the day? Yes No Time(s) Off: _____ (AM PM) Why:
Did you exercise today? Yes No Start Time: _____ (AM PM) Stop Time: _____ (AM PM) Type of Exercise:
Time Off: _____ (AM PM) Time to Sleep: _____ (AM PM)

Motion Monitor Record DAY 4
(circle AM or PM where indicated)

Date: ____ / ____ / ____
Time Awake: _____ (AM PM) Time On: _____ (AM PM)
Did you take the monitor off for more than 20 minutes during the day? Yes No Time(s) Off: _____ (AM PM) Why:
Did you exercise today? Yes No Start Time: _____ (AM PM) Stop Time: _____ (AM PM) Type of Exercise:
Time Off: _____ (AM PM) Time to Sleep: _____ (AM PM)

Motion Monitor Record DAY 3
(circle AM or PM where indicated)

Date: _____ / _____ / _____
Time Awake: _____ (AM PM) Time On: _____ (AM PM)
Did you take the monitor off for more than 20 minutes during the day? Yes No Time(s) Off: _____ (AM PM) Why:
Did you exercise today? Yes No Start Time: _____ (AM PM) Stop Time: _____ (AM PM) Type of Exercise:
Time Off: _____ (AM PM) Time to Sleep: _____ (AM PM)

HOW DO I RETURN THE MONITOR?

Bring the motion monitor AND booklet back to our office at your scheduled appointment.

Your appointment time is:

Date: _____

Time: _____ AM/PM

Please remember your motion monitor and booklet when you come to this appointment. If you need to change your appointment, please call our office at **(956) 296-1468**.

If you are not able to return the monitor for any reason, please contact David Garcia at (956) 296-1468 in order to collect the monitor from your home.

Motion Monitor Record DAY 1
(circle AM or PM where indicated)

Date: ____ / ____ / ____
Time Awake: _____ (AM PM) Time On: _____ (AM PM)
Did you take the monitor off for more than 20 minutes during the day? Yes No Time(s) Off: _____ (AM PM) Why:
Did you exercise today? Yes No Start Time: _____ (AM PM) Stop Time: _____ (AM PM) Type of Exercise:
Time Off: _____ (AM PM) Time to Sleep: _____ (AM PM)

Motion Monitor Record DAY 2
(circle AM or PM where indicated)

Date: ____ / ____ / ____
Time Awake: _____ (AM PM) Time On: _____ (AM PM)
Did you take the monitor off for more than 20 minutes during the day? Yes No Time(s) Off: _____ (AM PM) Why:
Did you exercise today? Yes No Start Time: _____ (AM PM) Stop Time: _____ (AM PM) Type of Exercise:
Time Off: _____ (AM PM) Time to Sleep: _____ (AM PM)