ACTIVITY MONITOR TRACKING LOG												
ID NUMBER:				FORM CODE: A M T			DATE: 4/01/2016 Version 1.0					
ADMINISTRA	TIVE INFORM	IATION										
0a. Completion Date:				0b. Staff ID:			0c. Monitor #:					
0d. Day star	ted:		Duy I	Gui		0e. Date	started:	Month Day	Year			
Day	Date	Time you put the monitor on?	Time you took the monitor off?	Did you remove the monitor for any reason		If yes, during what times was the monitor removed the <u>1<sup>st</sup> time</u> ?		What was the reason you took off the device	If yes, during what times was the monitor removed the <u>2<sup>nd</sup> time</u> ?		What was the reason you took off the device the <u>2<sup>nd</sup> time</u> ?	
				for lo thar minu	<u>1 30</u>	Time Off Time On Ti		Time Off	Time On			
Example	09/01/15	6:30am	11:00pm	⊠ Yes	□ No	8:00am	8:20am	Shower/Dressing	7:00pm	8:00pm	Swímmíng	
Day 1				□ Yes	□ No							
Day 2				□ Yes	□ No							
Day 3				□ Yes	□ No							
Day 4				□ Yes								
Day 5				Yes								
Day 6				☐ Yes								
Day 7				□ Yes	□ No							

		Strongly disagree	Disagree	Neutral	Agree	Strongly agree
8.	I am confident that I wore the <i>activity monitor</i> correctly.	$\bigcirc$	$\bigcirc$	$\bigcirc$	0	0
9.	I would wear the <i>activity monitor</i> again if I was asked to.	$\bigcirc$	0	$\bigcirc$	0	0
10.	I would wear the <i>activity monitor</i> for a longer period of time if I was asked to.	0	0	0	0	0
11.	Is there anything else that you would like to tell us about wearing the <i>activity monitor</i> ?				· · · · · · · · · · · · · · · · · · ·	