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Pedometer & Activity Diary



___ / ___ / ___ Date of birth

M	F	Please circle
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PEDOMETER INSTRUCTIONS

How to wear the pedometer

- The pedometer should be attached to the waistband on the front of your clothing, on your hipbone or as close to it as possible.
- Make sure that the pedometer is in-line with your right foot when in a standing position.
- You can wear the pedometer under your clothes or on the outside of your waistband if you wish.
- Attach the safety pin to your clothing to stop the pedometer from falling off.

Instructions to follow

- Upon waking each morning attach the pedometer onto your clothing as instructed previously.
- Wear the pedometer all day and perform your normal daily routine. Try to forget that you are even wearing the pedometer.
- Remember to record what activities you do in the diary and answer the simple questions.
- When you take the pedometer off before going to bed record the number of counts in your diary.

Tips for using the pedometer

- It is important that you wear the pedometer only during your waking hours.
- Do not wear it in the shower or bath, while swimming or during other water activities.
- Each night after you take the pedometer off, put it with your keys, mobile phone, wallet/purse or shoes to remind you to wear it the next day.



DIARY INSTRUCTIONS

How to fill-in the diary

- Complete the pedometer diary during the day whenever you have undertaken some physical activity.
- Look closely at the top of each page to ensure you are filling in the correct day of the week. You will see that the information required for Saturdays and Sundays is slightly different from the rest of the week.
- Include both ORGANISED sports, games and other physical activities and NON ORGANISED activities. ORGANISED activities might include ballet, soccer, rugby, athletics, baseball and training for these activities. NON ORGANISED activities include playing ball games, like soccer or basketball, walking or cycling to school.
- Answer all the questions each day.
- For each day use a new page - relating to the day and add the date.
- At the end of each day, the diary asks you some questions about activities that involve bending your back. Please ensure you have completed this section.

How to return the diary

- At the end of the seven days, or as close as possible, the Raine Study team will arrange to collect the completed diary and pedometer, or we will provide you with a postage paid envelope so you can return the pedometer and the completed diary from any post box.
- You will be contacted by a member of the Raine team if we have not heard back from you two weeks after your 16 year follow up assessment.

The Raine Study
p: 08 9489 7794; 08 9489 7796 f: 08 9489 7700
a: 100 Roberts Rd, Subiaco, WA 6008
e: raine@ichr.uwa.edu.au



Date ____ / ____ / ____	MONDAY
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STEP COUNT FOR DAY:

Did you wear the pedometer all day?	<input type="radio"/> Yes	<input type="radio"/> No
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If no, how long was it off?	Total hrs _____ / Total mins _____
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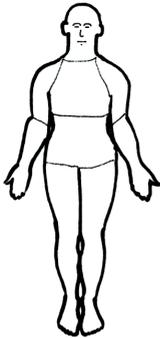
Why?

	What did you do? (ie. sat & talked; stacked a shelf; played sport)	For how long? (mins)
Before school/work?		
During morning classes/work?		
During lunch?		
During afternoon classes/work?		
After school/work?		

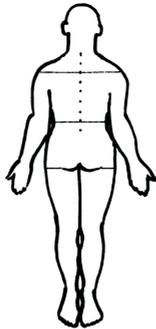
Did you do any of the following activities?	Yes	No	For how long? (mins)
Ride your bike?	<input type="radio"/>	<input type="radio"/>	
Roller blade or skateboard?	<input type="radio"/>	<input type="radio"/>	
Go swimming?	<input type="radio"/>	<input type="radio"/>	
Watch TV/Videos/DVDs	<input type="radio"/>	<input type="radio"/>	
Play electronic games	Hand-held (Gameboy, etc)	<input type="radio"/>	<input type="radio"/>
	Console (Playstation, X box etc)	<input type="radio"/>	<input type="radio"/>
	PC/laptop	<input type="radio"/>	<input type="radio"/>
Non-game computer activities	Surfing the net	<input type="radio"/>	<input type="radio"/>
	Email/chat	<input type="radio"/>	<input type="radio"/>
	Writing documents/spreadsheets	<input type="radio"/>	<input type="radio"/>
	Editing/viewing pictures/images	<input type="radio"/>	<input type="radio"/>
	Educational software	<input type="radio"/>	<input type="radio"/>
Mobile phone	Voice conversations	<input type="radio"/>	<input type="radio"/>
	Text messages sent/received	<input type="radio"/>	<input type="radio"/>
Were you sick or injured?	<input type="radio"/>	<input type="radio"/>	
Were you on holidays?	<input type="radio"/>	<input type="radio"/>	

MONDAY

Please tick any areas on the body charts where you had discomfort during the last 24 hours.



Front



Back

For each area you ticked, describe the location and rate how much discomfort you had on a scale from 0 (no discomfort) to 10 (extreme discomfort)

Location	Pain score (/10)

If you are female, were any of your pains today related to your period?	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> N/A
Please state which pain(s) (if applicable):			
Did you do any leisure or work activities involving forward bending and/or twisting of your back today? If so, please fill in the relevant spaces in the table.			
Activities involving forward bending or twisting of the back	Total no. of sessions*	Total hours / minutes	
Sport activities (e.g. rowing, cycling, hockey)	e.g. <i>Cycling</i>	<i>2</i>	<i>40mins</i>
Work or other related leisure activities such as gardening (e.g. digging, bending down low, lifting objects from lower than waist-height)			

* A session is a single episode of an activity. For example, a session of lifting would be a group of repeated lifts, such as stacking a shelf or lifting a series of boxes into a truck.

TUESDAY

Date ____ / ____ / ____

STEP COUNT FOR DAY:

Did you wear the pedometer all day?

Yes

No

If no, how long was it off?

Total hrs _____ / Total mins _____

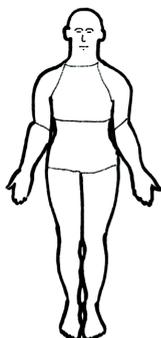
Why?

	What did you do? (ie. sat & talked; stacked a shelf; played sport)	For how long? (mins)
Before school/work?		
During morning classes/work?		
During lunch?		
During afternoon classes/work?		
After school/work?		

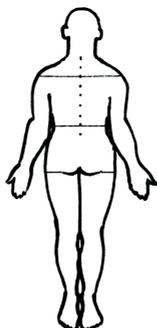
Did you do any of the following activities?		Yes	No	For how long? (mins)
Ride your bike?		<input type="radio"/>	<input type="radio"/>	
Roller blade or skateboard?		<input type="radio"/>	<input type="radio"/>	
Go swimming?		<input type="radio"/>	<input type="radio"/>	
Watch TV/Videos/DVDs		<input type="radio"/>	<input type="radio"/>	
Play electronic games	Hand-held (Gameboy, etc)	<input type="radio"/>	<input type="radio"/>	
	Console (Playstation, X box etc)	<input type="radio"/>	<input type="radio"/>	
	PC/laptop	<input type="radio"/>	<input type="radio"/>	
Non-game computer activities	Surfing the net	<input type="radio"/>	<input type="radio"/>	
	Email/chat	<input type="radio"/>	<input type="radio"/>	
	Writing documents/spreadsheets	<input type="radio"/>	<input type="radio"/>	
	Editing/viewing pictures/images	<input type="radio"/>	<input type="radio"/>	
	Educational software	<input type="radio"/>	<input type="radio"/>	
Mobile phone	Voice conversations	<input type="radio"/>	<input type="radio"/>	Number:
	Text messages sent/received	<input type="radio"/>	<input type="radio"/>	Number:
Were you sick or injured?		<input type="radio"/>	<input type="radio"/>	
Were you on holidays?		<input type="radio"/>	<input type="radio"/>	

TUESDAY

Please tick any areas on the body charts where you had discomfort during the last 24 hours.



Front



Back

For each area you ticked, describe the location and rate how much discomfort you had on a scale from 0 (no discomfort) to 10 (extreme discomfort)

Location	Pain score (/10)

If you are female, were any of your pains today related to your period?	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> N/A
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Please state which pain(s) (if applicable):

Did you do any leisure or work activities involving forward bending and/or twisting of your back today? If so, please fill in the relevant spaces in the table.

Activities involving forward bending or twisting of the back	Total no. of sessions*	Total hours / minutes
Sport activities (e.g. rowing, cycling, hockey)	<i>2</i>	<i>40mins</i>
Work or other related leisure activities such as gardening (e.g. digging, bending down low, lifting objects from lower than waist-height)		

* A session is a single episode of an activity. For example, a session of lifting would be a group of repeated lifts, such as stacking a shelf or lifting a series of boxes into a truck.

WEDNESDAY

Date ____ / ____ / ____

STEP COUNT FOR DAY:

Did you wear the pedometer all day?

Yes

No

If no, how long was it off?

Total hrs _____ / Total mins _____

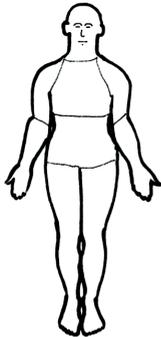
Why?

	What did you do? (ie. sat & talked; stacked a shelf; played sport)	For how long? (mins)
Before school/work?		
During morning classes/work?		
During lunch?		
During afternoon classes/work?		
After school/work?		

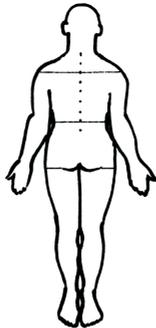
Did you do any of the following activities?		Yes	No	For how long? (mins)
Ride your bike?		<input type="radio"/>	<input type="radio"/>	
Roller blade or skateboard?		<input type="radio"/>	<input type="radio"/>	
Go swimming?		<input type="radio"/>	<input type="radio"/>	
Watch TV/Videos/DVDs		<input type="radio"/>	<input type="radio"/>	
Play electronic games	Hand-held (Gameboy, etc)	<input type="radio"/>	<input type="radio"/>	
	Console (Playstation, X box etc)	<input type="radio"/>	<input type="radio"/>	
	PC/laptop	<input type="radio"/>	<input type="radio"/>	
Non-game computer activities	Surfing the net	<input type="radio"/>	<input type="radio"/>	
	Email/chat	<input type="radio"/>	<input type="radio"/>	
	Writing documents/spreadsheets	<input type="radio"/>	<input type="radio"/>	
	Editing/viewing pictures/images	<input type="radio"/>	<input type="radio"/>	
	Educational software	<input type="radio"/>	<input type="radio"/>	
Mobile phone	Voice conversations	<input type="radio"/>	<input type="radio"/>	Number:
	Text messages sent/received	<input type="radio"/>	<input type="radio"/>	Number:
Were you sick or injured?		<input type="radio"/>	<input type="radio"/>	
Were you on holidays?		<input type="radio"/>	<input type="radio"/>	

WEDNESDAY

Please tick any areas on the body charts where you had discomfort during the last 24 hours.



Front



Back

For each area you ticked, describe the location and rate how much discomfort you had on a scale from 0 (no discomfort) to 10 (extreme discomfort)

Location	Pain score (/10)

If you are female, were any of your pains today related to your period?	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> N/A
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Please state which pain(s) (if applicable):

Did you do any leisure or work activities involving forward bending and/or twisting of your back today? If so, please fill in the relevant spaces in the table.

Activities involving forward bending or twisting of the back	Total no. of sessions*	Total hours / minutes
Sport activities (e.g. rowing, cycling, hockey)	<i>2</i>	<i>40mins</i>
Work or other related leisure activities such as gardening (e.g. digging, bending down low, lifting objects from lower than waist-height)		

* A session is a single episode of an activity. For example, a session of lifting would be a group of repeated lifts, such as stacking a shelf or lifting a series of boxes into a truck.

Date ____ / ____ / ____

THURSDAY

STEP COUNT FOR DAY:

Did you wear the pedometer all day?

Yes

No

If no, how long was it off?

Total hrs _____ / Total mins _____

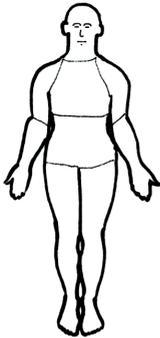
Why?

	What did you do? (ie. sat & talked; stacked a shelf; played sport)	For how long? (mins)
Before school/work?		
During morning classes/work?		
During lunch?		
During afternoon classes/work?		
After school/work?		

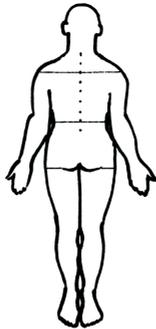
Did you do any of the following activities?		Yes	No	For how long? (mins)
Ride your bike?		<input type="radio"/>	<input type="radio"/>	
Roller blade or skateboard?		<input type="radio"/>	<input type="radio"/>	
Go swimming?		<input type="radio"/>	<input type="radio"/>	
Watch TV/Videos/DVDs		<input type="radio"/>	<input type="radio"/>	
Play electronic games	Hand-held (Gameboy, etc)	<input type="radio"/>	<input type="radio"/>	
	Console (Playstation, X box etc)	<input type="radio"/>	<input type="radio"/>	
	PC/laptop	<input type="radio"/>	<input type="radio"/>	
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	Editing/viewing pictures/images	<input type="radio"/>	<input type="radio"/>	
	Educational software	<input type="radio"/>	<input type="radio"/>	
Mobile phone	Voice conversations	<input type="radio"/>	<input type="radio"/>	Number:
	Text messages sent/received	<input type="radio"/>	<input type="radio"/>	Number:
Were you sick or injured?		<input type="radio"/>	<input type="radio"/>	
Were you on holidays?		<input type="radio"/>	<input type="radio"/>	

THURSDAY

Please tick any areas on the body charts where you had discomfort during the last 24 hours.



Front



Back

For each area you ticked, describe the location and rate how much discomfort you had on a scale from 0 (no discomfort) to 10 (extreme discomfort)

Location	Pain score (/10)

If you are female, were any of your pains today related to your period?	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> N/A
Please state which pain(s) (if applicable):			
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Activities involving forward bending or twisting of the back	Total no. of sessions*	Total hours / minutes	
Sport activities (e.g. rowing, cycling, hockey)	e.g. <i>Cycling</i>	<i>2</i>	<i>40mins</i>
Work or other related leisure activities such as gardening (e.g. digging, bending down low, lifting objects from lower than waist-height)			

* A session is a single episode of an activity. For example, a session of lifting would be a group of repeated lifts, such as stacking a shelf or lifting a series of boxes into a truck.

Date ____ / ____ / ____

FRIDAY

STEP COUNT FOR DAY:

Did you wear the pedometer all day?

Yes

No

If no, how long was it off?

Total hrs _____ / Total mins _____

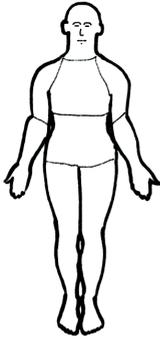
Why?

	What did you do? (ie. sat & talked; stacked a shelf; played sport)	For how long? (mins)
Before school/work?		
During morning classes/work?		
During lunch?		
During afternoon classes/work?		
After school/work?		

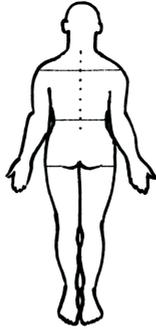
Did you do any of the following activities?		Yes	No	For how long? (mins)
Ride your bike?		<input type="radio"/>	<input type="radio"/>	
Roller blade or skateboard?		<input type="radio"/>	<input type="radio"/>	
Go swimming?		<input type="radio"/>	<input type="radio"/>	
Watch TV/Videos/DVDs		<input type="radio"/>	<input type="radio"/>	
Play electronic games	Hand-held (Gameboy, etc)	<input type="radio"/>	<input type="radio"/>	
	Console (Playstation, X box etc)	<input type="radio"/>	<input type="radio"/>	
	PC/laptop	<input type="radio"/>	<input type="radio"/>	
Non-game computer activities	Surfing the net	<input type="radio"/>	<input type="radio"/>	
	Email/chat	<input type="radio"/>	<input type="radio"/>	
	Writing documents/spreadsheets	<input type="radio"/>	<input type="radio"/>	
	Editing/viewing pictures/images	<input type="radio"/>	<input type="radio"/>	
	Educational software	<input type="radio"/>	<input type="radio"/>	
Mobile phone	Voice conversations	<input type="radio"/>	<input type="radio"/>	Number:
	Text messages sent/received	<input type="radio"/>	<input type="radio"/>	Number:
Were you sick or injured?		<input type="radio"/>	<input type="radio"/>	
Were you on holidays?		<input type="radio"/>	<input type="radio"/>	

FRIDAY

Please tick any areas on the body charts where you had discomfort during the last 24 hours.



Front



Back

For each area you ticked, describe the location and rate how much discomfort you had on a scale from 0 (no discomfort) to 10 (extreme discomfort)

Location	Pain score (/10)

If you are female, were any of your pains today related to your period?	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> N/A
Please state which pain(s) (if applicable):			
Did you do any leisure or work activities involving forward bending and/or twisting of your back today? If so, please fill in the relevant spaces in the table.			
Activities involving forward bending or twisting of the back	Total no. of sessions*	Total hours / minutes	
Sport activities (e.g. rowing, cycling, hockey)	e.g. <i>Cycling</i>	<i>2</i>	<i>40mins</i>
Work or other related leisure activities such as gardening (e.g. digging, bending down low, lifting objects from lower than waist-height)			

* A session is a single episode of an activity. For example, a session of lifting would be a group of repeated lifts, such as stacking a shelf or lifting a series of boxes into a truck.

Date ____ / ____ / ____ **SATURDAY**

STEP COUNT FOR DAY:

Did you wear the pedometer all day? Yes No

If no, how long was it off? Total hrs _____ / Total mins _____

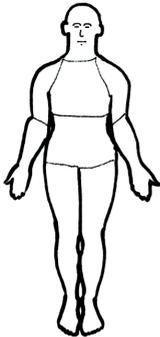
Why?

	What did you do?	For how long? (mins)
Before breakfast		
Morning		
During lunch		
Afternoon		
After dinner		

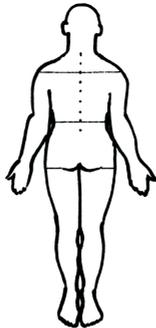
Did you do any of the following activities?	Yes	No	For how long? (mins)
Ride your bike?	<input type="radio"/>	<input type="radio"/>	
Roller blade or skateboard?	<input type="radio"/>	<input type="radio"/>	
Go swimming?	<input type="radio"/>	<input type="radio"/>	
Watch TV/Videos/DVDs	<input type="radio"/>	<input type="radio"/>	
Play electronic games	Hand-held (Gameboy)	<input type="radio"/>	<input type="radio"/>
	Console (Playstation, X box etc)	<input type="radio"/>	<input type="radio"/>
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	Email/chat	<input type="radio"/>	<input type="radio"/>
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	Educational software	<input type="radio"/>	<input type="radio"/>
Mobile phone	Voice conversations	<input type="radio"/>	<input type="radio"/>
	Text messages sent/received	<input type="radio"/>	<input type="radio"/>
Were you sick or injured?	<input type="radio"/>	<input type="radio"/>	Number: _____
Were you on holidays?	<input type="radio"/>	<input type="radio"/>	Number: _____

SATURDAY

Please tick any areas on the body charts where you had discomfort during the last 24 hours.



Front



Back

For each area you ticked, describe the location and rate how much discomfort you had on a scale from 0 (no discomfort) to 10 (extreme discomfort)

Location	Pain score (/10)

If you are female, were any of your pains today related to your period?	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> N/A
Please state which pain(s) (if applicable):			
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Work or other related leisure activities such as gardening (e.g. digging, bending down low, lifting objects from lower than waist-height)			

* A session is a single episode of an activity. For example, a session of lifting would be a group of repeated lifts, such as stacking a shelf or lifting a series of boxes into a truck.

Date ____ / ____ / ____	SUNDAY
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STEP COUNT FOR DAY:

Did you wear the pedometer all day?	<input type="radio"/> Yes	<input type="radio"/> No
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If no, how long was it off?	Total hrs _____	/ Total mins _____
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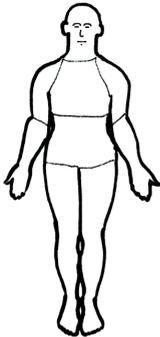
Why?

	What did you do?	For how long? (mins)
Before breakfast		
Morning		
During lunch		
Afternoon		
After dinner		

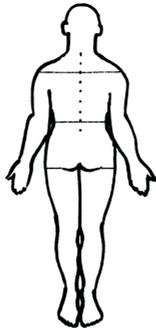
	Yes	No	For how long? (mins)
Ride your bike?	<input type="radio"/>	<input type="radio"/>	
Roller blade or skateboard?	<input type="radio"/>	<input type="radio"/>	
Go swimming?	<input type="radio"/>	<input type="radio"/>	
Watch TV/Videos/DVDs	<input type="radio"/>	<input type="radio"/>	
Play electronic games	Hand-held (Gameboy)	<input type="radio"/>	<input type="radio"/>
	Console (Playstation, X box etc)	<input type="radio"/>	<input type="radio"/>
	PC/laptop	<input type="radio"/>	<input type="radio"/>
Non-game computer activities	Surfing the net	<input type="radio"/>	<input type="radio"/>
	Email/chat	<input type="radio"/>	<input type="radio"/>
	Writing documents/spreadsheets	<input type="radio"/>	<input type="radio"/>
	Editing/viewing pictures/images	<input type="radio"/>	<input type="radio"/>
	Educational software	<input type="radio"/>	<input type="radio"/>
Mobile phone	Voice conversations	<input type="radio"/>	<input type="radio"/>
	Text messages sent/received	<input type="radio"/>	<input type="radio"/>
Were you sick or injured?	<input type="radio"/>	<input type="radio"/>	
Were you on holidays?	<input type="radio"/>	<input type="radio"/>	

SUNDAY

Please tick any areas on the body charts where you had discomfort during the last 24 hours.



Front



Back

For each area you ticked, describe the location and rate how much discomfort you had on a scale from 0 (no discomfort) to 10 (extreme discomfort)

Location	Pain score (/10)

If you are female, were any of your pains today related to your period?	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> N/A
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Work or other related leisure activities such as gardening (e.g. digging, bending down low, lifting objects from lower than waist-height)			

* A session is a single episode of an activity. For example, a session of lifting would be a group of repeated lifts, such as stacking a shelf or lifting a series of boxes into a truck.



**THE RAINE
STUDY**

The Raine Study
Telethon Institute for Child Health Research
p: 08 9489 7794; 08 9489 7796 f: 08 9489 7700
a: 100 Roberts Rd, Subiaco, WA 6008
e: raine@ichr.uwa.edu.au
w: www.rainestudy.org.au