

The STARS Program

Sisters Taking Action for Real Success

Motion Sensor Record Booklet

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

If you have questions or problems call:

Project Coordinator NAME
XXX XXX-XXXX

For office use only:

Part ID: _____ Interviewer: _____

Monitor: _____ Belt Type: _____

Download date: _____ Filename: _____



RETURN THIS BOOKLET WITH THE
MOTION SENSOR!

INSTRUCTIONS

We are asking you to wear the motion sensor **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 sensor should be worn over your right hip and fastened snugly with the belt around your waist unless you have been told otherwise.



The motion sensor should not be removed from its pouch, but if it does come out of the pouch, replace it in the pouch so the arrow points up towards your head.



The safety pin can be used ***along with the belt*** to hold the motion sensor 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 sensor ***in a safe place*** where you will be sure to see it first thing in the morning.

HOW DO I RETURN THE SENSOR?

Bring the motion sensor AND booklet back to our office at your scheduled appointment. Your appointment time is:

Date & Time: _____

Please remember your motion sensor and booklet at this appointment. If you need to change your appointment, please call our office at [xxx-xxx-xxxx].

If you can't return your sensor for ANY reason, make sure to call [NAME] at the telephone numbers listed on the front cover so that we can get the sensor back from you.



Today's Motion Sensor Record

(Circle AM or PM where indicated)

Date: ____ / ____ / ____

TIME ON: ____ (AM PM)

Did you take the sensor 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:

TIME OFF: ____ (AM PM)

REMEMBER:

- Take the sensor 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 sensor everyday for at least 10 hours!**
 - If you forget to put it on for an entire day, note the date you forgot on your calendar and wear the sensor for one extra day. Please tell the STARS staff so we can accurately track the sensor.
 - Even if you forget for part of the day, put the sensor 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 sensor.

QUESTIONS?

Contact [NAME] at [xxx-xxx-xxxx]. 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.

Today's Motion Sensor Record

(Circle AM or PM where indicated)

Date: ____ / ____ / ____

TIME ON: _____ (AM PM)

Did you take the sensor 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:

TIME OFF: _____ (AM PM)

Today's Motion Sensor Record

(Circle AM or PM where indicated)

Date: ____ / ____ / ____

TIME ON: _____ (AM PM)

Did you take the sensor 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:

TIME OFF: _____ (AM PM)

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WHY:

Did you exercise today? Yes No

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Date: ____ / ____ / ____

TIME ON: _____ (AM PM)

Did you take the sensor 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:

TIME OFF: _____ (AM PM)