



# Diary

If you experience any skin irritation, please stop wearing the monitor and let us know.

A study researcher can be contacted during office hours on: [Contact Telephone Number]

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Office use only

Participant ID:

Start Date:

Researcher:



**Reminder**

Try placing the diary somewhere that you always go first thing in the morning, such as next to the kettle or with your pills, to help you remember to fill it in close to the time you get up.

Or you could set a reminder on your phone.

# Instructions

This diary booklet has 8 Diary Sheets.

Please fill in one Diary Sheet every morning for the next 8 days, close to the time you get up.



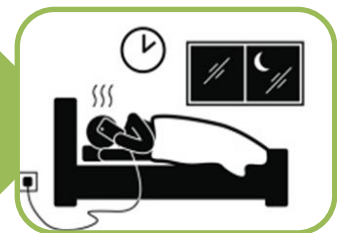
This should just take you a few minutes on most days, but on **Day 3** and **Day 8** there are some extra questions we would like you to answer.

These extra questions should take you about 10 minutes, and are about your sitting activity.



In order that we can understand the monitor readings, it is very important for us to know:

The time you go to bed each night



and

The time you get up each day



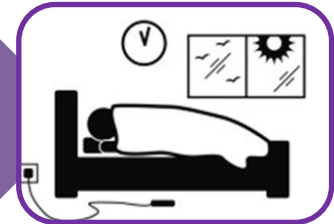
We would also like to know your best guess of:

The time you fell asleep each night



and

The time you woke up each day



Even if you don't know exactly what time you fell asleep or woke up, please guess as best you can.

### Example

If you went to bed at 10:17 in the evening, but think you went to sleep at 12:45 in the morning, you would write:

1 What time did you get into bed last night?

10 17 am pm

2 What time do you think you fell asleep last night?

12 45 am pm



Remember that midnight, and times after midnight, are a.m.

There are also two questions each day about any pain or tiredness you might feel when you get up in the morning.

**Example**

If you were very tired, you might tick the scales as follows:

	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	
Not at all tired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Totally exhausted

If you were in a little bit of pain, or had some discomfort, you might tick the scales as follows:

	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	
No discomfort	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Worst pain ever

If you forget to fill the diary in close to the time you get up, please do it when you remember, but answer the questions for the way you felt when you first got up.

You can use the tick boxes below to keep track of which days you have filled in:

Day	1	2	3	4	5	6	7	8
Diary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Questions			<input type="checkbox"/>					<input type="checkbox"/>

P F M

# Diary Sheet



P F M

## Last night



Please circle

1 What time did you get into bed last night?  :  am pm

2 What time do you think you fell asleep last night?  :  am pm

3 How many times did you get out of bed during the night last night?

(Please **write in**)  times

## This morning



Please circle

4 What time did you wake up this morning?  :  am pm

5 What time did you get out of bed this morning?  :  am pm

6 How tired are you this morning? **One box**

Not at all tired  0  1  2  3  4  5  6  7  8  9  10  Totally exhausted

7 How much discomfort or pain are you in this morning? **One box**

No discomfort  0  1  2  3  4  5  6  7  8  9  10  Worst pain ever

# Diary Sheet



P F M

## Last night



Please circle

1 What time did you get into bed last night?  :  am pm

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(Please **write in**)  times

## This morning



Please circle

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5 What time did you get out of bed this morning?  :  am pm

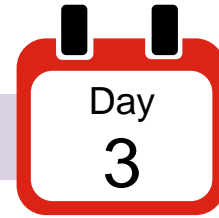
6 How tired are you this morning? **One box**

Not at all tired  0  1  2  3  4  5  6  7  8  9  10  Totally exhausted

7 How much discomfort or pain are you in this morning? **One box**

No discomfort  0  1  2  3  4  5  6  7  8  9  10  Worst pain ever

# Diary Sheet



P F M

## Last night



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(Please **write in**)   times


## This morning



Please circle

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Not at all tired  0  1  2  3  4  5  6  7  8  9  10  Totally exhausted

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No discomfort  0  1  2  3  4  5  6  7  8  9  10  Worst pain ever



# Sitting Questions



P F M

## Time spent sitting yesterday

These questions are about what you did yesterday.

We are interested in your sedentary behaviour, which is any time you spend

**Sitting**

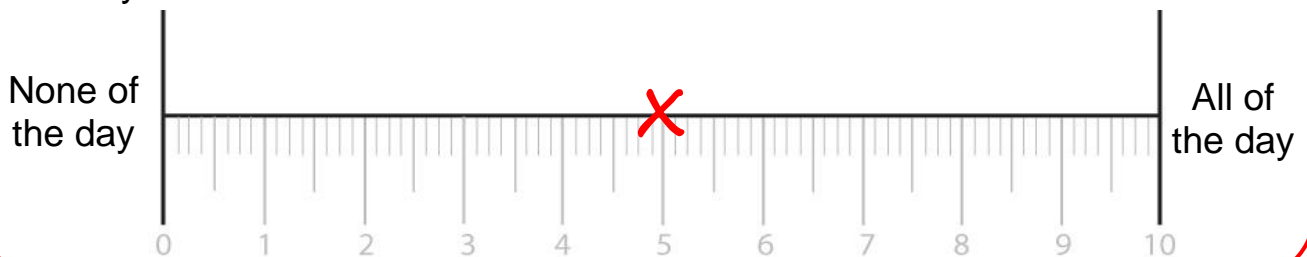
**Reclining**

**Lying down**



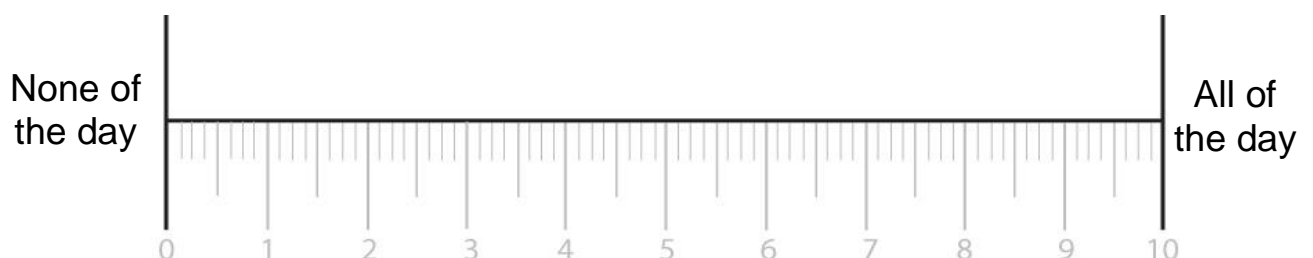
### Example

If you felt you spent about half of your waking day sitting, reclining or lying down you would mark on the line as follows:



**8** Yesterday, what proportion of the day did you spend sitting?


Please mark an X on the line.




**9** Yesterday, how many times did you sit down?

(Please **write in**)   times

**10** Yesterday, when you sat down, how long was it before you usually got up again?

(Please **write in**)   hours  minutes

**11** Please estimate how long in total you spent sitting yesterday?


(Please **write in**)   hours  minutes

P F M


The next questions are about where or why you were sitting yesterday. Please don't worry about how these numbers add up. We know that this doesn't cover everything, and that some of the answers will overlap.

**12** Yesterday, how long did you sit at work (either paid or voluntary), or doing clerical tasks such as paying bills or filling in forms?

Please include tasks both inside and outside your home.


(Please **write in**)   hours  minutes

**13** Yesterday, how long did you sit when you were at home?

(Please **write in**)   hours  minutes


**14** Yesterday, how long did you sit while using transport (e.g. car, bus, train, tram or underground)?

Please include time spent sitting waiting for transport such as sitting at a bus stop.

(Please **write in**)   hours  minutes

**15** Yesterday, how long did you sit during leisure activities outside your house?

Please include activities such as the cinema, eating at a restaurant, using the library, going to the theatre, religious practices, attending sport events, meeting friends at a coffee shop etc.

(Please **write in**)   hours  minutes

P F M

We would now like to ask you some questions about what you were doing when you were sitting down yesterday.

We know that people sometimes do two things at once when sitting down, for example you might knit and listen to music, or eat and watch TV. In this case, please decide which one is the main activity and write in the time for that.

It may be difficult sometimes to decide which is the main activity, but please choose the one you think fits best.

Please don't worry about how these numbers add up. We know that this doesn't cover everything.


Example

If you had the TV on in the background while eating a meal, then eating is your main activity and you should write the time in that section. But if you were having a snack while watching your favourite TV show, then watching TV is your main activity.

P F M

16

Please **write in** how much time you spent sitting and doing the following activities **yesterday**.

		Hours	Minutes	
16.1	Watching television, video or DVDs.	<input type="text"/>	<input type="text"/>	
16.2	Using a computer for work. (e.g. paid work, volunteering, clerical tasks)	<input type="text"/>	<input type="text"/>	
16.3	Using a computer for leisure. (e.g. games, friends and family, internet, shopping)	<input type="text"/>	<input type="text"/>	
16.4	Read for leisure. (e.g. books, newspaper, magazine, kindle)	<input type="text"/>	<input type="text"/>	
16.5	Listening to music or radio.	<input type="text"/>	<input type="text"/>	
16.6	Doing a hobby. (e.g. knitting, crafts, jigsaws, puzzles, playing piano)	<input type="text"/>	<input type="text"/>	
16.7	Talking with friends or family. (e.g. talking in person or on the phone)	<input type="text"/>	<input type="text"/>	
16.8	Eating meals or snacks.	<input type="text"/>	<input type="text"/>	
16.9	Performing self-care tasks. (e.g. bathing, using toilet, dressing, brushing hair)	<input type="text"/>	<input type="text"/>	
16.10	Household tasks. (e.g. cleaning shoes, writing a list, ironing, folding)	<input type="text"/>	<input type="text"/>	
16.11	Taking a nap during the day or resting while doing nothing else.	<input type="text"/>	<input type="text"/>	

17

Do you feel that what you did yesterday was typical of your sedentary behaviour on a normal day?

Please tick **one** box.



Yes

 1

No

 2

If you answered **No**, please give a brief reason why (e.g. illness, holiday, special occasion).



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P F M

Thank you for answering these questions.

Please carry on with the diary tomorrow morning.

# Diary Sheet



P F M

## Last night



Please circle

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(Please **write in**)  times

## This morning



Please circle

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6 How tired are you this morning? **One box**

Not at all tired  0  1  2  3  4  5  6  7  8  9  10  Totally exhausted

7 How much discomfort or pain are you in this morning? **One box**

No discomfort  0  1  2  3  4  5  6  7  8  9  10  Worst pain ever

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P F M

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P F M

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(Please **write in**)  times

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P F M

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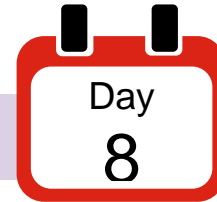
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No discomfort  0  1  2  3  4  5  6  7  8  9  10  Worst pain ever

# Diary Sheet



P F M

## Last night

1 What time did you get into bed last night?

 **Please circle**  
[ ] : [ ] am pm

2 What time do you think you fell asleep last night?

[ ] : [ ] am pm

## Time spent sitting last week

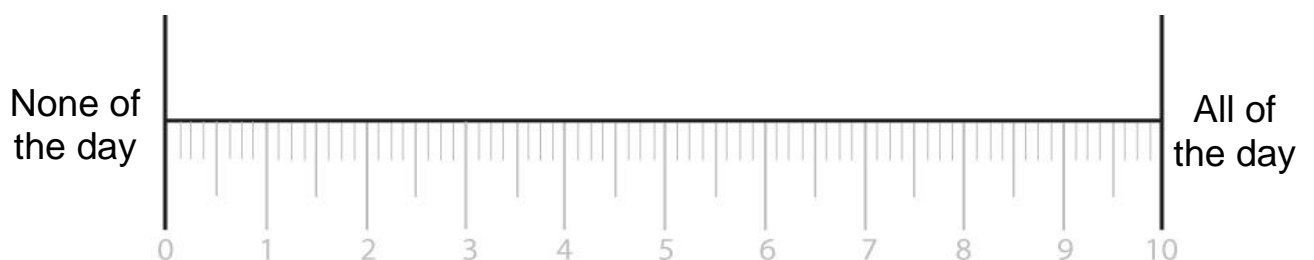
The following questions are about the last seven days (week). Please answer them at some time today.

Please think about the time you spent sitting over the last seven days.

We will be asking you to estimate the time you spent sitting on an average (normal) day in the last seven days. We realise this will vary over the week, but try to give an estimate or guess.

3 On an average day, in the last seven days, what proportion of the day did you spend sitting?

Please mark an X on the line.



**4** On an average day, in the last seven days, how many times did you sit down?

(Please **write in**)   times

**5** On an average day, in the last seven days, when you sat down, how long was it before you usually got up again?

(Please **write in**)   hours  minutes

**6** Please estimate how long in total you spent sitting on an average day in the last seven days?

(Please **write in**)   hours  minutes

P F M

The next questions are about where or why you were sitting in the last seven days. Please don't worry about how these numbers add up. We know that this doesn't cover everything, and that some of the answers will overlap.

**7** On an average day, in the last seven days, how long did you sit at work (either paid or voluntary), or doing clerical tasks such as paying bills or filling in forms?

Please include tasks both inside and outside your home.

(Please **write in**)   hours  minutes

8

On an average day, in the last seven days, how long did you sit when you were at home?

(Please **write in**)



hours

minutes

9

On an average day, in the last seven days, how long did you sit while using transport (e.g. car, bus, train, tram or underground)?

Please include time spent sitting waiting for transport such as sitting at a bus stop.

(Please **write in**)



hours

minutes

10

On an average day, in the last seven days, how long did you sit during leisure activities outside your house?

Please include activities such as the cinema, eating at a restaurant, using the library, going to the theatre, religious practices, attending sport events, meeting friends at a coffee shop etc.

(Please **write in**)



hours

minutes

P F M

We would now like to ask you some questions about what you were doing when you were sitting down over the last week.

We know that people sometimes do two things at once when sitting down, for example you might knit and listen to music, or eat and watch TV. In this case, please decide which one is the main activity and write in the time for that.

It may be difficult sometimes to decide which is the main activity, but please choose the one you think fits best.

Please don't worry about how these numbers add up. We know that this doesn't cover everything.

**Example**

If you had the TV on in the background while eating a meal, then eating is your main activity and you should write the time in that section. But if you were having a snack while watching your favourite TV show, then watching TV is your main activity.

P F M

**11**

Please **write in** how much time you spent sitting and doing the following activities on **an average day** in the **last seven days**.

		Hours	Minutes
11.1	Watching television, video or DVDs.	<input type="text"/>	<input type="text"/>
11.2	Using a computer for work. (e.g. paid work, volunteering, clerical tasks)	<input type="text"/>	<input type="text"/>
11.3	Using a computer for leisure. (e.g. games, friends and family, internet, shopping)	<input type="text"/>	<input type="text"/>
11.4	Read for leisure. (e.g. books, newspaper, magazine, kindle)	<input type="text"/>	<input type="text"/>
11.5	Listening to music or radio.	<input type="text"/>	<input type="text"/>
11.6	Doing a hobby. (e.g. knitting, crafts, jigsaws, puzzles, playing piano)	<input type="text"/>	<input type="text"/>
11.7	Talking with friends or family. (e.g. talking in person or on the phone)	<input type="text"/>	<input type="text"/>
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11.9	Performing self-care tasks. (e.g. bathing, using toilet, dressing, brushing hair)	<input type="text"/>	<input type="text"/>
11.10	Household tasks. (e.g. cleaning shoes, writing a list, ironing, folding)	<input type="text"/>	<input type="text"/>
11.11	Taking a nap during the day or resting while doing nothing else.	<input type="text"/>	<input type="text"/>



12

Do you feel that what you did last week was typical of your normal sedentary behaviour?

Please tick **one** box.



Yes

 1

No

 2

If you answered **No**, please give a brief reason why (e.g. illness, holiday, special occasion).



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13

Compared to people the same age and gender as you, do you think that you...

Please tick **one** box



Sit more

Sit less

Sit the same amount

P F M

Thank you for taking the time to complete this diary and the questions.

Please return this diary to the researcher when you see them at your next visit.

This might be a few days to a week after you have completed it.



Try placing the diary somewhere that you always go first thing in the morning, such as next to the kettle or with your pills, to help you remember to fill it in close to the time you get up.

Or you could set a reminder on your phone.

