

COMMENTS

Please write any comments you think might be useful for this study. Particularly include any information on how easy or difficult you found it to wear the activity monitor and/or fill out this sleep diary. This information will be used to inform future studies.



ID: CUS _ _ _ _ _

Monitor Pack Number: ☐☐☐

activPAL serial # _ _ _ _ _

SARCOPENIA AMONG OLDER AUSTRALIANS

Activity Monitor Instructions & Sleep Diary

Please keep this booklet in a safe place so you can return it to us

Day 1

___/___/___

If you have any questions, contact Natasha Begovic on (07) 3365 5163 or 0411 039 969

**THANK YOU VERY MUCH FOR
PARTICIPATING**

If you have any questions or concerns,
please contact your nurse or Natasha Begovic on
0411 039 969 or email: n.begovic@uq.edu.au

Nap 2	Notes
Start: _____ am/pm Finish: _____ am/pm	
Start: _____ am/pm Finish: _____ am/pm	
Start: _____ am/pm Finish: _____ am/pm	
Start: _____ am/pm Finish: _____ am/pm	
Start: _____ am/pm Finish: _____ am/pm	
Start: _____ am/pm Finish: _____ am/pm	
Start: _____ am/pm Finish: _____ am/pm	
Start: _____ am/pm Finish: _____ am/pm	

Day	Did you have any naps today?	Nap 1
Example 25 th July, 2012	Yes ☐ No ☐	Start: <u>3:00</u> am/pm Finish: <u>4:30</u> am/pm
Day 1	Yes ☐ No ☐	Start: _____ am/pm Finish: _____ am/pm
Day 2	Yes ☐ No ☐	Start: _____ am/pm Finish: _____ am/pm
Day 3	Yes ☐ No ☐	Start: _____ am/pm Finish: _____ am/pm
Day 4	Yes ☐ No ☐	Start: _____ am/pm Finish: _____ am/pm
Day 5	Yes ☐ No ☐	Start: _____ am/pm Finish: _____ am/pm
Day 6	Yes ☐ No ☐	Start: _____ am/pm Finish: _____ am/pm
Day 7	Yes ☐ No ☐	Start: _____ am/pm Finish: _____ am/pm

INSTRUCTIONS

How to fill in this diary

Wake Time:

In this section, please write the time you actually woke up, not the time you got out of bed. For example, if you woke up at 7am, but did not get out of bed until 8am, please record your wake time as 7am. Please note if it was am or pm.

Sleep Time:

In this section please indicate what time you actually fell asleep. As before, please do not record the time you went to bed. For example, if you went to bed at 8pm, read for half an hour and fell asleep at 8:30pm, please record your sleep time as 8:30pm. Again, please note if it was am or pm.

Date	Wake time	Sleep time	Did you go outside in daylight hours for more than 15 minutes today?	Did you remove the monitor for more than 10 minutes today? Please cross box	If yes, when did you remove it?
Example 25 th July, 2012	7:15 am/pm	9:25 am/pm	Yes ☐ No ☐	Yes ☐ No ☐	Off: _____ am/pm On: _____ am/pm
Day 1	am/pm	am/pm	Yes ☐ No ☐	Yes ☐ No ☐	Off: _____ am/pm On: _____ am/pm
Day 2	am/pm	am/pm	Yes ☐ No ☐	Yes ☐ No ☐	Off: _____ am/pm On: _____ am/pm
Day 3	am/pm	am/pm	Yes ☐ No ☐	Yes ☐ No ☐	Off: _____ am/pm On: _____ am/pm
Day 4	am/pm	am/pm	Yes ☐ No ☐	Yes ☐ No ☐	Off: _____ am/pm On: _____ am/pm
Day 5	am/pm	am/pm	Yes ☐ No ☐	Yes ☐ No ☐	Off: _____ am/pm On: _____ am/pm
Day 6	am/pm	am/pm	Yes ☐ No ☐	Yes ☐ No ☐	Off: _____ am/pm On: _____ am/pm
Day 7	am/pm	am/pm	Yes ☐ No ☐	Yes ☐ No ☐	Off: _____ am/pm On: _____ am/pm

If you took any naps please write them on the next page

If you have any comments please write them on the last page