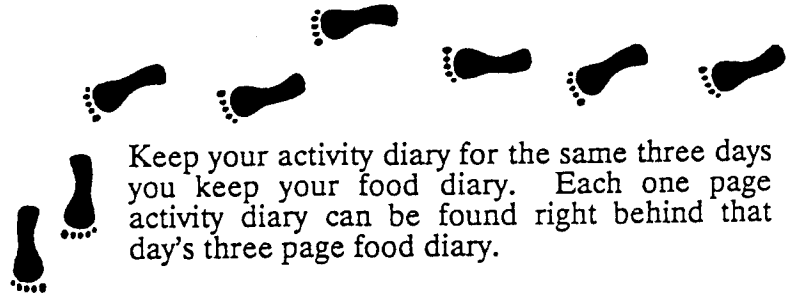
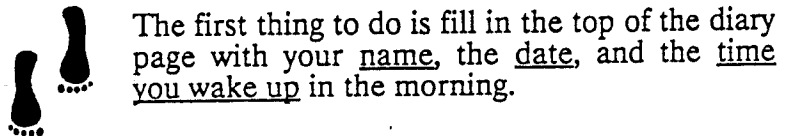


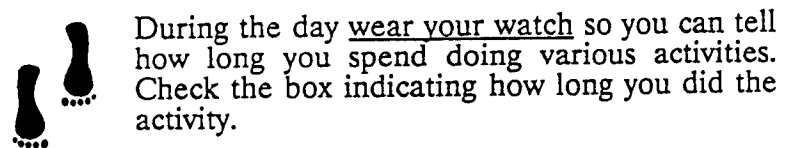
KEEPING YOUR 3-DAY ACTIVITY DIARY



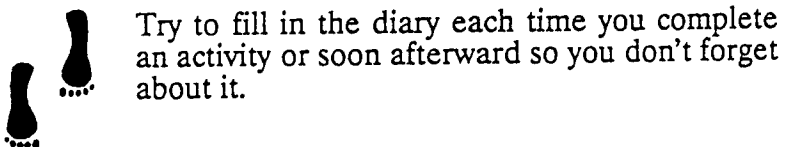
Keep your activity diary for the same three days you keep your food diary. Each one page activity diary can be found right behind that day's three page food diary.



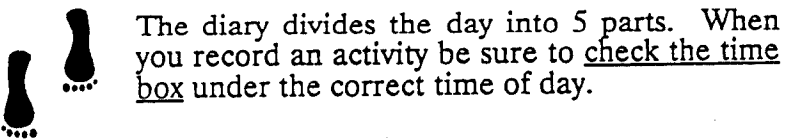
The first thing to do is fill in the top of the diary page with your name, the date, and the time you wake up in the morning.



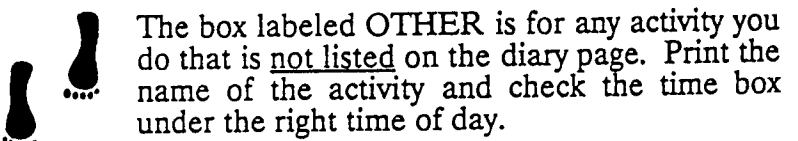
During the day wear your watch so you can tell how long you spend doing various activities. Check the box indicating how long you did the activity.



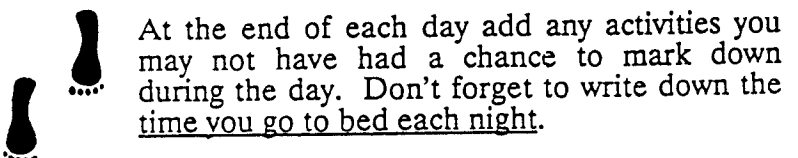
Try to fill in the diary each time you complete an activity or soon afterward so you don't forget about it.



The diary divides the day into 5 parts. When you record an activity be sure to check the time box under the correct time of day.



The box labeled OTHER is for any activity you do that is not listed on the diary page. Print the name of the activity and check the time box under the right time of day.




At the end of each day add any activities you may not have had a chance to mark down during the day. Don't forget to write down the time you go to bed each night.


Name _____


DAYN _____


Day _____


PRTRDAY
Before 9 a.m.
(CODE = 1)

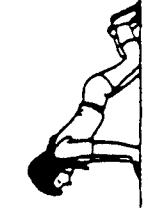

1-15 15-30 over 30
Minutes
BASE
Baseball

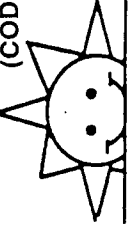

1-15 15-30 over 30
Minutes
BASK
Basketball



1-15 15-30 over 30
Minutes
BIKE
Bicycling



1-15 15-30 over 30
Minutes
DANC
Dancing



1-15 15-30 over 30
Minutes
DODGE
Dodgeball



1-15 15-30 over 30
Minutes
EXER
Exercising

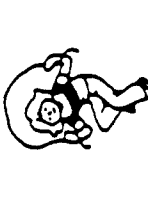




1-15 15-30 over 30
Minutes
FOOT
Football



1-15 15-30 over 30
Minutes
GYM
Gymnastics

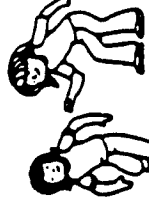

1-15 15-30 over 30
Minutes
HOP
Hopscotch



1-15 15-30 over 30
Minutes
JJACK
Jumping Jacks



1-15 15-30 over 30
Minutes
JROPE
Jumping Rope



1-15 15-30 over 30
Minutes
KICK
Kickball



1-15 15-30 over 30
Minutes
BOARD
Playing Board Games



1-15 15-30 over 30
Minutes
TAG
Playing Tag



1-15 15-30 over 30
Minutes
RELAY
Relay Racing

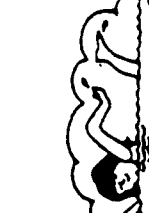

1-15 15-30 over 30
Minutes
RUNJOG
Running or Jogging



1-15 15-30 over 30
Minutes
SIT
Sitting with TV or Book

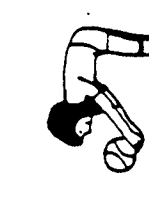

1-15 15-30 over 30
Minutes
SKATE
Skating

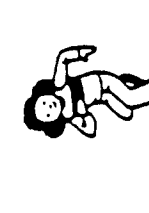

1-15 15-30 over 30
Minutes
SBORD
Skateboarding


1-15 15-30 over 30
Minutes
SOCER
Soccer


1-15 15-30 over 30
Minutes
SWIM
Swimming


1-15 15-30 over 30
Minutes
TENN
Tennis


1-15 15-30 over 30
Minutes
VOLL
Volleyball


1-15 15-30 over 30
Minutes
WALK
Walking Fast

Any activities not shown

OTNAMA
Other
1-15 15-30 over 30
Minutes
OTHA

OTNAMB
Other
1-15 15-30 over 30
Minutes
OTHB

OTNAMC
Other
1-15 15-30 over 30
Minutes
OTHC

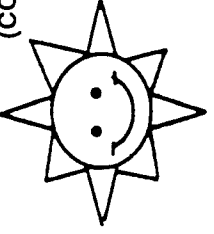
OTNAMID
Other
1-15 15-30 over 30
Minutes
OTHD

Activity Diary

Day DAYN

PRTDAY

9 a.m. - 3 p.m.
(CODE = 2)



Any activities not shown

1-15 15-30 over 30
Minutes
BASE
Baseball

1-15 15-30 over 30
Minutes
BASK
Basketball

1-15 15-30 over 30
Minutes
BIKE
Bicycling

1-15 15-30 over 30
Minutes
DANC
Dancing

1-15 15-30 over 30
Minutes
DODGE
Dodgeball

1-15 15-30 over 30
Minutes
EXER
Exercising

1-15 15-30 over 30
Minutes
FOOT
Football

1-15 15-30 over 30
Minutes
GYM
Gymnastics

1-15 15-30 over 30
Minutes
HOP
Hopscotch

1-15 15-30 over 30
Minutes
JJACK
Jumping Jacks

1-15 15-30 over 30
Minutes
JROPE
Jumping Rope

1-15 15-30 over 30
Minutes
KICK
Kickball

1-15 15-30 over 30
Minutes
BOARD
Playing Board Games

1-15 15-30 over 30
Minutes
TAG
Playing Tag

1-15 15-30 over 30
Minutes
RELAY
Relay Racing

1-15 15-30 over 30
Minutes
RUNJOG
Running or Jogging

1-15 15-30 over 30
Minutes
SIT
Sitting with TV or Book

1-15 15-30 over 30
Minutes
SKATE
Skating

1-15 15-30 over 30
Minutes
SBORD
Skateboarding

1-15 15-30 over 30
Minutes
SOCER
Soccer

1-15 15-30 over 30
Minutes
SWIM
Swimming

1-15 15-30 over 30
Minutes
TENN
Tennis

1-15 15-30 over 30
Minutes
VOLL
Volleyball

1-15 15-30 over 30
Minutes
WALK
Walking Fast

OTNAMA
Other
 1-15 15-30 over 30
Minutes
OTHA

OTNAMB
Other
 1-15 15-30 over 30
Minutes
OTHB

OTNAMC
Other
 1-15 15-30 over 30
Minutes
OTHC

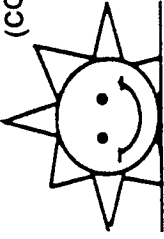
OTNAMD
Other
 1-15 15-30 over 30
Minutes
OTHD

Activity Diary

Day DAYN

PRTDAY

3 p.m. - Supper
(CODE = 3)



Minutes
BASE
Baseball

Minutes
BASK
Basketball

Minutes
BIKE
Bicycling

Minutes
DANC
Dancing

Minutes
DODGE
Dodgeball

Minutes
EXER
Exercising

Minutes
FOOT
Football

Minutes
GYM
Gymnastics

Minutes
HOP
Hopscotch

Minutes
JACK
Jumping Jacks

Minutes
JROPE
Jumping Rope

Minutes
KICK
Kickball

Minutes
BOARD
Playing Board Games

Minutes
TAG
Playing Tag

Minutes
RELAY
Relay Racing

Minutes
RUNJOG
Running or Jogging

Minutes
SIT
Sitting with TV or Book

Minutes
SKATE
Skating

Minutes
SBORD
Skateboarding

Minutes
SOCER
Soccer

Minutes
SWIM
Swimming

Minutes
TENN
Tennis

Minutes
VOLL
Volleyball

Minutes
WALK
Walking Fast

Any activities not shown

OTNAMA
Other
1-15 15-30 over 30
Minutes
OTHA

OTNAMB
Other
1-15 15-30 over 30
Minutes
OTHB

OTNAMC
Other
1-15 15-30 over 30
Minutes
OTHC

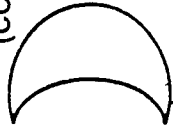
OTNAMD
Other
1-15 15-30 over 30
Minutes
OTHD

Activity Diary

Day DAYN

PRTDAY

After Supper
(CODE = 4)



Any activities not shown



1-15 15-30 over 30
Minutes
BASE
Baseball



1-15 15-30 over 30
Minutes
BASK
Basketball



1-15 15-30 over 30
Minutes
BIKE
Bicycling



1-15 15-30 over 30
Minutes
DANC
Dancing



1-15 15-30 over 30
Minutes
DODGE
Dodgeball



1-15 15-30 over 30
Minutes
EXER
Exercising



1-15 15-30 over 30
Minutes
FOOT
Football



1-15 15-30 over 30
Minutes
GYM
Gymnastics



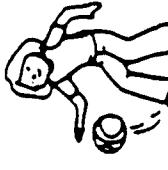
1-15 15-30 over 30
Minutes
HOP
Hopscotch



1-15 15-30 over 30
Minutes
JJACK
Jumping Jacks



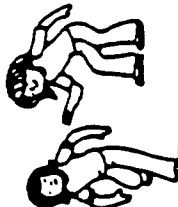
1-15 15-30 over 30
Minutes
JROPE
Jumping Rope



1-15 15-30 over 30
Minutes
KICK
Kickball



1-15 15-30 over 30
Minutes
BOARD
Playing Board Games



1-15 15-30 over 30
Minutes
TAG
Playing Tag



1-15 15-30 over 30
Minutes
RELAY
Relay Racing



1-15 15-30 over 30
Minutes
RUNJOG
Running or Jogging



1-15 15-30 over 30
Minutes
SIT
Sitting with TV or Book



1-15 15-30 over 30
Minutes
SKATE
Skating



1-15 15-30 over 30
Minutes
SBORD
Skateboarding



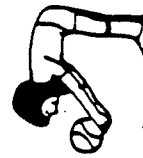
1-15 15-30 over 30
Minutes
SOCER
Soccer



1-15 15-30 over 30
Minutes
SWIM
Swimming



1-15 15-30 over 30
Minutes
TENN
Tennis



1-15 15-30 over 30
Minutes
VOLL
Volleyball



1-15 15-30 over 30
Minutes
WALK
Walking Fast

OTNAMA

Other

1-15 15-30 over 30
Minutes
OTHA

OTNAMB

Other

1-15 15-30 over 30
Minutes
OTHB

OTNAMC

Other

1-15 15-30 over 30
Minutes
OTHC

OTNAMD

Other

1-15 15-30 over 30
Minutes
OTHD

ACTIVITY DIARY










Name: _____

Date: DO_FORM

Day: DAYN

Time went to sleep last night: _____ PM.

Time woke up this morning: _____ AM.
 See previous page for variable names.

		Morning			NOON	Afternoon			6 PM	Evening		
		1-15 Min	16-30 Min	Over 30		1-15 Min	16-30 Min	Over 30		1-15 Min	16-30 Min	Over 30
1	 Jumping Rope or Double Dutch or Dancing or Hopscotch or 4-Square											
		ROPEMOR				ROPEAFT				ROPEEVE		
2	 Exercises or Gymnastics or Bars											
		GYMMOR				GYMAFT				GYMEVE		
3	 Soccer or Running											
		RUNMOR				RUNAFT				RUNEVE		
4	 Jogging or Skating or Skate Boards											
		JOGMOR				JOGAFT				JOG EVE		
5	 Bike Riding or Walking Fast or Relay Running or Playing Tag											
		BIKEMOR				BIKEAFT				BIKEEVE		
6	 Sitting and Doing Things like Talking; Reading, Watching TV											
		SITMOR				SITAFT				SITEVE		
7	 Kickball or Softball or Volleyball or Tetherball											
		KICKMOR				KICKAFT				KICKEVE		
8	 Dodgeball or Basketball or Football											
		BASKMOR				BASKAFT				BASKEVE		
9	 Swimming or Tennis											
		SWIMMOR				SWIMAFT				SWIMEVE		
10	(Write In) OTHER ACTIVITIES	OTNAMA				OTHMORA				OTHEVEA		
		OTNAMB				OTHMORB				OTHEVEB		
		OTNAMC				OTHMORC				OTHEVEC		
		OTNAMD				OTHMORD				OTHEVED		

Physical Activity Diary

Name: _____ Date: DO_FORM

Day: DAYN

9:00
A.M.

Noon








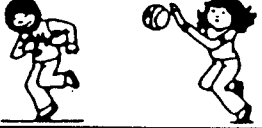


3:00
P.M.

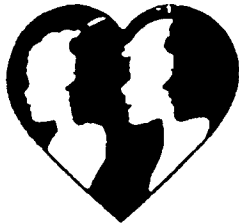
6:00
P.M.

Time went to bed Last night: _____ PM

Time _____
See previous page for variable names. _____ AM

Time went to bed tonight: _____ PM

	EARLY MORNING			MID MORNING			MID AFTERNOON			LATE AFTERNOON			EVENING					
	1-15 Min	16-30 Min	Over 30	1-15 Min	16-30 Min	Over 30	1-15 Min	16-30 Min	Over 30	1-15 Min	16-30 Min	Over 30	1-15 Min	16-30 Min	Over 30			
 <p>1. Jumping Rope or Jumping Jacks or Dancing or Hopscotch</p>	ROPE1			ROPE2			ROPE3			ROPE4			ROPE5					
 <p>2. Exercises or Gymnastics</p>	GYM1			GYM2			GYM3			GYM4			GYM5					
 <p>3. Soccer or Running</p>	RUN1			FUN2			FUN3			FUN4			FUN5					
 <p>4. Jogging or Skating or Skate Boards</p>	JOG1			JOG2			JOG3			JOG4			JOG5					
 <p>5. Bike Riding or Walking Fast or Relay Running or Playing Tag</p>	BIKE1			BIKE2			BIKE3			BIKE4			BIKE5					
 <p>6. Sitting and Doing Things like Talking, Reading, Watching TV</p>	SIT1			SIT2			SIT3			SIT4			SIT5					
 <p>7. Kickball or Baseball or Volleyball</p>	KICK1			KICK2			KICK3			KICK4			KICK5					
 <p>8. Dodgeball or Basketball or Football</p>	BASK1			BASK2			BASK3			BASK4			BASK5					
 <p>9. Swimming or Tennis</p>	SWIM1			SWIM2			SWIM3			SWIM4			SWIM5					
 <p>10. Walking</p>	WALK1			WALK2			WALK3			WALK4			WALK5					
<p>11. OTHER ACTIVITIES (Write in)</p>	OTNAMA			OTHA1			OTHA2			OTHA3			OTHA4			OTHA5		
	OTNAMB			OTHE1			OTHE2			OTHE3			OTHE4			OTHE5		
	OTNAMC			OTHC1			OTHC2			OTHC3			OTHC4			OTHC5		



NHLBI Growth And Health Study
Physical Activity Diary

0925-0294 exp. 9/92

FTYPE
FREV

NGHS Form 11
Rev. 3 1/90

ID number: - **RID** -

Name code:

Visit number: **VISIT**

Please *PRINT* your name:

First Name

Middle Initial

Last Name

USE THESE VARIABLES FOR TIME ON THE NEXT PAGE:

Time went to bed LAST NIGHT : **BEDHR1** : **BEDMIN1** AM/PM. **AMPM1**

Time woke up : **BEDHR2** : **BEDMIN2** AM/PM. **AMPM2**

Time went to bed TONIGHT : **BEDHR3** : **BEDMIN3** AM/PM. **AMPM3**

ORGREP

Repl

Add'l

PHYSICAL ACTIVITY DIARY




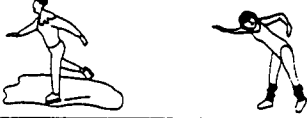






Name: _____ Date: DO FORM

Day: DAYN

Time went to bed LAST NIGHT: _____ AM/PM

Time woke _____ AM/PM

Time to bed TONIGHT: _____ : _____ AM/PM

			NOON			6:00 PM					
			MORNING			AFTERNOON			EVENING		
			1-15 MIN.	16-30 MIN.	OVER 30	1-15 MIN.	16-30 MIN.	OVER 30	1-15 MIN.	16-30 MIN.	OVER 30
	1. Dancing, Cheerleading, or Jumping Rope			DANC1			DANC2			DANC3	
	2. Exercises, Gymnastics, or Baton Twirling			GYM1			GYM2			GYM3	
	3. Soccer, Running, Field Hockey, or LaCrosse			RUN1			RUN2			RUN3	
	4. Jogging, Skating, or Aerobics			JOG1			JOG2			JOG3	
	5. Bike Riding, Walking Fast, or Relay Running			BIKE1			BIKE2			BIKE3	
	6. Reading, Sitting, Listening to Music, Talking on Phone, or Watching TV			SIT1			SIT2			SIT3	
	7. Kickball, Softball, Baseball, Volleyball, or Frisbee			KICK1			KICK2			KICK3	
	8. Dodgeball or Basketball			BASK1			BASK2			BASK3	
	9. Swimming or Tennis			SWIM1			SWIM2			SWIM3	
	10. Walking			WALK1			WALK2			WALK3	
11. Other Activities (Write in)	OTNAMA			OTHA1			OTHA2			OTHA3	
	OTNAMB			OTHB1			OTHB2			OTHB3	
	OTNAMC			OTHC1			OTHC2			OTHC3	

ORGREP

Repl




















PHYSICAL ACTIVITY DIARY

Name: _____

Date: DO_FORM

Day: DAYN

Time woke up: _____
 TIn See previous page for variable names.
 TONIGHT: _____: _____ AM/PM

			NOON			6:00 PM					
			MORNING			AFTERNOON			EVENING		
			1-15 MIN.	16-30 MIN.	OVER 30	1-15 MIN.	16-30 MIN.	OVER 30	1-15 MIN.	16-30 MIN.	OVER 30
		1. Dancing, Cheerleading, or Jumping Rope		DANC1			DANC2			DANC3	
		2. Exercises, Gymnastics, or Baton Twirling		GYM1			GYM2			GYM3	
		3. Soccer, Running, Field Hockey, or LaCrosse		RUN1			RUN2			RUN3	
		4. Jogging, Skating, or Aerobics		JOG1			JOG2			JOG3	
		5. Bike Riding, Walking Fast, or Relay Running		BIKE1			BIKE2			BIKE3	
		6. Reading, Sitting, Listening to Music, Talking on Phone, or Watching TV		SIT1			SIT2			SIT3	
		7. Kickball, Softball, Baseball, Volleyball, or Frisbee		KICK1			KICK2			KICK3	
		8. Dodgeball or Basketball		BASK1			BASK2			BASK3	
		9. Swimming or Tennis		SWIM1			SWIM2			SWIM3	
		10. Walking		WALK1			WALK2			WALK3	
11. Other Activities (Write in)				OTNAMA			OTHA1			OTHA3	
				OTNAMB			OTHB1			OTHB3	
				OTNAMC			OTHC1			OTHC3	

PHYSICAL ACTIVITY DIARY

Name: _____

ID #: _____

Time woke up: _____ AM/PM

Day: **DAYN**

Time went to bed: _____ AM/PM

Date: _____ **DO_FORM** _____
 Month Day Year

See previous page for variable names.

	Wake-up time to Noon				Noon to 6:00 PM				6 PM to Bedtime			
	1-15 mins	16-30 mins	31-60 mins	Over 60 mins	1-15 mins	16-30 mins	31-60 mins	Over 60 mins	1-15 mins	16-30 mins	31-60 mins	Over 60 mins
1. Reading, Sitting, or Talking on the Phone		SITA1				SITA2				SITA3		
2. Watching TV or Listening to Music		SITB1				SITB2				SITB3		
3. Walking to go some place or Walking at a mall		WALK1				WALK2				WALK3		
4. Walking for Exercise or Bike Riding		BIKE1				BIKE2				BIKE3		
5. Dancing, Cheerleading, Jumping Rope		DANC1				DANC2				DANC3		
6. Exercises, Gymnastics, or Baton Twirling		GYM1				GYM2				GYM3		
7. Running, Track, Soccer, or Field Hockey		RUN1				RUN2				RUN3		
8. Jogging, Aerobics, Skating, or Rollerblading		JOG1				JOG2				JOG3		
9. Softball, Baseball, Volleyball or Frisbee		KICK1				KICK2				KICK3		
10. Basketball		BASK1				BASK2				BASK3		
11. Swimming or Tennis		SWIM1				SWIM2				SWIM3		
12. Bowling or Archery		BOWL1				BOWL2				BOWL3		
13. Weight Training, Badminton, or Golf		WEIGHT1				WEIGHT2				WEIGHT3		
14. Downhill Skiing or Racquetball		SKI1				SKI2				SKI3		
15. Standing, Cooking, Typing, Dishwashing, Light Cleaning, or Doing Laundry		STAND1				STAND2				STAND3		
16. Waitressing, Sweeping, Mopping, Vacuuming, Gardening, or Raking		SWEEP1				SWEEP2				SWEEP3		
17. Mowing, Shoveling, Carrying Heavy Loads or a Small Child, or Scrubbing Floors		MOW1				MOW2				MOW3		
18. Other Activities (Write In):												
OTNAMA		OTHA1				OTHA2				OTHA3		
OTNAMB		OTHB1				OTHB2				OTHB3		
OTNAMC		OTHC1				OTHC2				OTHC3		

PLEASE FILL THIS OUT AFTER COMPLETING EACH DAY
IN YOUR PHYSICAL ACTIVITY DIARY

19. Was the amount of activity on Day 1 what you usually do?

Day 1 (circle answer): YES NO USUALA

20. If NO, because (circle reason): A. Sick (confined to bed/couch/chair)

REASONO

B. Traveling

C. Other OTHRMK

19. Was the amount of activity on Day 2 what you usually do?

Day 2 (circle answer): YES NO

20. If NO, because (circle reason): A. Sick (confined to bed/couch/chair)

B. Traveling

C. Other

19. Was the amount of activity on Day 3 what you usually do?

Day 3 (circle answer): YES NO

20. If NO, because (circle reason): A. Sick (confined to bed/couch/chair)

B. Traveling

C. Other

PHYSICAL ACTIVITY DIARY

Name: _____

ID #: _____ DAYN

Time woke up: _____ AM/PM

Day: _____ Day #: 1 2 3

Time _____ AM/PM

Date: _____ DO_FORM _____
Month Day Year

	Wake-up time to Noon				Noon to 6:00 PM				6 PM to Bedtime			
	1-15 mins	16-30 mins	31-60 mins	Over 60 mins	1-15 mins	16-30 mins	31-60 mins	Over 60 mins	1-15 mins	16-30 mins	31-60 mins	Over 60 mins
1. Reading, Sitting, or Talking on the Phone		SITA1				SITA2				SITA3		
2. Watching TV or Listening to Music		SITB1				SITB2				SITB3		
3. Walking to go some place or Walking at a mall		WALK1				WALK2				WALK3		
4. Walking for Exercise or Bike Riding		BIKE1				BIKE2				BIKE3		
5. Dancing, Cheerleading, or Jumping Rope		ROPE1				ROPE2				ROPE3		
6. Exercises, Gymnastics, or Baton Twirling		GYM1				GYM2				GYM3		
7. Running, Soccer, Track, or Field Hockey		RUN1				RUN2				RUN3		
8. Jogging, Aerobics, Skating, or Rollerblading		JOG1				JOG2				JOG3		
9. Softball, Baseball, Volleyball or Frisbee		KICK1				KICK2				KICK3		
10. Basketball		BASK1				BASK2				BASK3		
11. Swimming or Tennis		SWIM1				SWIM2				SWIM3		
12. Bowling or Archery		BOWL1				BOWL2				BOWL3		
13. Weight Training, Golf, or Badminton		WEIGHT1				WEIGHT2				WEIGHT3		
14. Downhill Skiing or Racquetball		SKI1				SKI2				SKI3		
15. Standing, Cooking, Dishwashing, Light Cleaning, or Doing Laundry		STAND1				STAND2				STAND3		
16. Waitressing, Sweeping, Mopping, Vacuuming, Gardening, or Raking		SWEEP1				SWEEP2				SWEEP3		
17. Carrying Loads or a Small Child, Scrubbing Floors, Mowing, or Shoveling		MOW1				MOW2				MOW3		
18. Child and Infant Care: holding, feeding, bathing		CHILD1				CHILD2				CHILD3		
19. Other Activities (Write In):												
OTNAMA		OTHA1				OTHA2				OTHA3		
OTNAMB		OTHB1				OTHB2				OTHB3		
OTNAMC		OTHC1				OTHC2				OTHC3		

PLEASE FILL THIS OUT AFTER COMPLETING EACH DAY IN YOUR PHYSICAL ACTIVITY DIARY.	PLEASE DO NOT WRITE IN THE SHADED BOXES BELOW.
<p>Day: _____ Date: _____</p> <p>20. Was the amount of activity on Day 1 what you usually do? Day 1 (circle): YES NO USUALA</p> <p>21. If no, because (Circle reason): A. Sick (confined to bed/couch/chair) B. Traveling C. Other OTHRMK</p> <p>22. If you answered "no" above, how long were you sick, traveling or other? USUALHR hours _____</p>	<p>Replacement Day: _____ Date: _____</p> <p>20. Was the amount of activity on Day 1 what you usually do? Day 1 (circle): YES NO</p> <p>21. If no, because (Circle reason): A. Sick (confined to bed/couch/chair) B. Traveling C. Other _____</p> <p>22. If you answered "no" above, how long were you sick, traveling or other? _____ hours _____</p>
<p>Day: _____ Date: _____</p> <p>20. Was the amount of activity on Day 2 what you usually do? Day 2 (circle): YES NO</p> <p>21. If no, because (Circle reason): A. Sick (confined to bed/couch/chair) B. Traveling C. Other _____</p> <p>22. If you answered "no" above, how long were you sick, traveling or other? _____ hours _____</p>	<p>Replacement Day: _____ Date: _____</p> <p>20. Was the amount of activity on Day 2 what you usually do? Day 2 (circle): YES NO</p> <p>21. If no, because (Circle reason): A. Sick (confined to bed/couch/chair) B. Traveling C. Other _____</p> <p>22. If you answered "no" above, how long were you sick, traveling or other? _____ hours _____</p>
<p>Day: _____ Date: _____</p> <p>20. Was the amount of activity on Day 3 what you usually do? Day 3 (circle): YES NO</p> <p>21. If no, because (Circle reason): A. Sick (confined to bed/couch/chair) B. Traveling C. Other _____</p> <p>22. If you answered "no" above, how long were you sick, traveling or other? _____ hours _____</p>	<p>Replacement Day: _____ Date: _____</p> <p>20. Was the amount of activity on Day 3 what you usually do? Day 3 (circle): YES NO</p> <p>21. If no, because (Circle reason): A. Sick (confined to bed/couch/chair) B. Traveling C. Other _____</p> <p>22. If you answered "no" above, how long were you sick, traveling or other? _____ hours _____</p>

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