



## activPAL Non-Wear Log

Participant ID: \_\_\_\_\_

We want you to wear the activPAL at all times, but if you need to take it off of your leg for more than a minute or two, please let us know by completing the log below:



| Date:       | Time activPAL Removed | Time activPAL Put back on | Reason Removed (optional) |
|-------------|-----------------------|---------------------------|---------------------------|
| ___/___/___ | ___:___ AM/PM         | ___:___ AM/PM             |                           |
| ___/___/___ | ___:___ AM/PM         | ___:___ AM/PM             |                           |
| ___/___/___ | ___:___ AM/PM         | ___:___ AM/PM             |                           |
| ___/___/___ | ___:___ AM/PM         | ___:___ AM/PM             |                           |

Please return devices and logs on: \_\_\_/\_\_\_/\_\_\_

Please return this form when you return the devices at the end of the 8-day period.