



TIMESHEET

	Time Put ON	Time taken OFF	Reason for taking off	How much time spent	
				Swimming	Cycling
DAY 1	Time put on in morning → 1			Minutes	Minutes
Date	2				
	3				
	Time taken off at night → 4				
DAY 2	Time put on in morning → 1			Minutes	Minutes
Date	2				
	3				
	Time taken off at night → 4				
DAY 3	Time put on in morning → 1			Minutes	Minutes
Date	2				
	3				
	Time taken off at night → 4				
DAY 4	Time put on in morning → 1			Minutes	Minutes
Date	2				
	3				
	Time taken off at night → 4				
DAY 5	Time put on in morning → 1			Minutes	Minutes
Date	2				
	3				
	Time taken off at night → 4				
DAY 6	Time put on in morning → 1			Minutes	Minutes
Date	2				
	3				
	Time taken off at night → 4				
DAY 7	Time put on in morning → 1			Minutes	Minutes
Date	2				
	3				
	Time taken off at night → 4				

Visit ID

Visit date

Date to send back

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Were these 7 days typical for you in terms of your usual activity? YES / NO (Please circle)

If NO, why not? (eg sprained ankle on day 3)

If this document is used or modified acknowledgments must be given to Avon Longitudinal Study of Parents and Children, University of Bristol