

ENERGY RECORD

Household ID: ___ Province ___ Site ___ City(County) ___ Neighborhood (Town/Village) ___ Household

T1 T2 T3 T4 T5

Name: _____ Line Number: _____

A1

Name of Interviewer: _____

Interview Date: ___ Year ___ Month ___ Day

T7

1. Age years

U1

2. Sex 1 male 2 female

U1b

3. Height cm

U3

4. Weight kg

U2

		Start			End		
		5 Date	6 Time	7 Time of Day 1 Morning 2 Afternoon	8 Date	9 Time	10 Time of Day 1 Morning 2 Afternoon
AE0 1	Program starting and ending time	AE1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	AE2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	AE3 <input type="checkbox"/>	AE4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	AE5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	AE6 <input type="checkbox"/>
2	Noon nap time with Caltrac	<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 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"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
3	Sleeping time	<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 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"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
4	Time (except sleeping) without Caltrac (first time)	<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 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"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
5	Time (except sleeping) without Caltrac (second time)	<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 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"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>

*Please seek help from child's parents to fill in the above table.

11. Total quantity of heat consumed (NET CALS) _____ Kcal

AE7

12. Quantity of heat consumed by physical activities (CALC USED/ACTM) _____ Kcal

AE8

13. How long did the child bike with Caltrac? ___ hours ___ minutes

: AE9

14. Were the child's activities today affected by illness or injury? AE10
 0 no 1 yes
15. Was the child's amount of physical activity increased or decreased due to participation in special sports (for example, athletic games, physical education)? AE11
 0 no 1 yes
 *If "no," skip to Question 18.
16. How was amount of physical activities affected? AE12
 1 increase
 2 decrease
17. How long did the activity last? _____hours _____minutes : AE13
18. Was today a typical (normal) day in terms of amount of physical activity? AE14
 0 no 1 yes
 * If "yes," stop here.
19. Is there usually more or less physical activity than today? AE15
 1 more 2 less