

Starting Date: _____

ID#: _____

Instructions: Please fill in the reading on your Pedometer AT NIGHT immediately after taking it off for the night. If you forget to record it at night, please do so as soon as possible the next morning and make a note in the right column.

Day of Week	Time of Reading	Pedometer Reading	Notes
_____	: _____ AM PM	_____	_____
_____	: _____ AM PM	_____	_____
_____	: _____ AM PM	_____	_____
_____	: _____ AM PM	_____	_____