

calerie Phase 2



Completed by Calerie staff:

Baseline 1 6 Months 18 Months
 Baseline 2 12 Months 24 Months

Center Number: _____ Participant Number: _____ Participant's Initials:

Daily Home Weight Log

Were you issued a new scale? No Yes → If Yes: Date first used: _____/_____/_____ year Serial no.: _____

Please complete this log in either blue or black ink.

Day of week: _____ Date: _____/_____/_____ Time: <input type="checkbox"/> 1 AM <input type="checkbox"/> 2 PM 00:00 to 11:59 Weight: _____ lb	Day of week: _____ Date: _____/_____/_____ Time: <input type="checkbox"/> 1 AM <input type="checkbox"/> 2 PM 00:00 to 11:59 Weight: _____ lb	Day of week: _____ Date: _____/_____/_____ Time: <input type="checkbox"/> 1 AM <input type="checkbox"/> 2 PM 00:00 to 11:59 Weight: _____ lb	Day of week: _____ Date: _____/_____/_____ Time: <input type="checkbox"/> 1 AM <input type="checkbox"/> 2 PM 00:00 to 11:59 Weight: _____ lb	Day of week: _____ Date: _____/_____/_____ Time: <input type="checkbox"/> 1 AM <input type="checkbox"/> 2 PM 00:00 to 11:59 Weight: _____ lb	Day of week: _____ Date: _____/_____/_____ Time: <input type="checkbox"/> 1 AM <input type="checkbox"/> 2 PM 00:00 to 11:59 Weight: _____ lb	Day of week: _____ Date: _____/_____/_____ Time: <input type="checkbox"/> 1 AM <input type="checkbox"/> 2 PM 00:00 to 11:59 Weight: _____ lb	Day of week: _____ Date: _____/_____/_____ Time: <input type="checkbox"/> 1 AM <input type="checkbox"/> 2 PM 00:00 to 11:59 Weight: _____ lb	Day of week: _____ Date: _____/_____/_____ Time: <input type="checkbox"/> 1 AM <input type="checkbox"/> 2 PM 00:00 to 11:59 Weight: _____ lb	Day of week: _____ Date: _____/_____/_____ Time: <input type="checkbox"/> 1 AM <input type="checkbox"/> 2 PM 00:00 to 11:59 Weight: _____ lb
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