# WEEKDAY 2 ○ Friday ○ Monday | month | day | year

Today's UV Index

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	not sure
П	П	П	П	П	П	П	П	П	П	П	П	П	П	П	П

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<b>Main Activity</b>	10am	11am	12pm	1pm	2pm	3pm	4pm
Transport (Walk,cycle,etc.)	0	0	0	0	0	0	
Recreation/ Sports	0	0	0	0	0	0	
Sit/relax/ meal or picnic	0	0	0	0	0	0	
Outdoor Chores/ Household Activities	0	0	0	0	0	0	
Other	0	0	0	0	0	0	
Was INDOORS	0	0	0	0	0	0	
Weather							
Mostly Sunny	0	0	0	0	0	0	
Partly Cloudy	0	0	0	0	0	0	
Very Cloudy	0	0	0	0	0	0	
Sun Protection H	labits						
Wearing sunscreen	0	0	0	0	0	0	
Wearing a hat	0	0	0	0	0	0	
Staying in the shade	0	0	0	0	0	0	
Wearing a shirt with sleeves	0	0	0	0	0	0	
Wearing sunglasses	0	0	0	0	0	0	

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○ Saturday ○ Sunday  Today's UV Index													/		
10	oday	y s	U۷	ına	ex						mo	ntn	a	ay <sup>'</sup>	year
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	not sure
П	П	П	П	П	П	П	П	П	П	П	П	П	П	П	П

Main Activity	10am	11am	12pm	1pm	2pm	3pm	4pm
Transport (Walk,cycle,etc.)	0	0	0	0	0	0	
Recreation/ Sports	0	0	0	0	0	0	
Sit/relax/ meal or picnic	0	0	0	0	0	0	
Outdoor Chores/ Household Activities	0	0	0	0	0	0	
Other	0	0	0	0	0	0	
Was INDOORS	0	0	0	0	0	0	
Weather							
Mostly Sunny	0	0	0	0	0	0	
Partly Cloudy	0	0	0	0	0	0	
Very Cloudy	0	0	0	0	0	0	
Sun Protection H	labits						
Wearing sunscreen	0	0	0	0	0	0	
Wearing a hat	0	0	0	0	0	0	
Staying in the shade	0	0	0	0	0	0	
Wearing a shirt with sleeves	0	0	0	0	0	0	
Wearing sunglasses	0	0	0	0	0	0	

#### **WEEKEND 2**

○ Saturday ○ Sunday

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moi	nth	•	da	v		Ve	ar

#### Today's UV Index

Main Activity	10am	11am	12pm	1pm	2pm	3pm	4pm
Transport (Walk,cycle,etc.)	0	0	0	0	0	0	
Recreation/ Sports	0	0	0	0	0	0	
Sit/relax/ meal or picnic	0	0	0	0	0	0	
Outdoor Chores/ Household Activities	0	0	0	0	0	0	
Other	0	0	0	0	0	0	
Was INDOORS	0	0	0	0	0	0	
Weather							
Mostly Sunny	0	0	0	0	0	0	
Partly Cloudy	0	0	0	0	0	0	
Very Cloudy	0	0	0	0	0	0	
Sun Protection H	labits						
Wearing sunscreen	0	0	0	0	0	0	
Wearing a hat	0	0	0	0	0	0	
Staying in the shade	0	0	0	0	0	0	
Wearing a shirt with sleeves	0	0	0	0	0	0	
Wearing sunglasses	0	0	0	0	0	0	

#### **WEEKDAY 1**

○ Thursday ○ Friday

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Today's UV Index

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 not sure

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Main Activity	10am	11am	12pm	1pm	2pm	3pm	4pm
Transport (Walk,cycle,etc.)	0	0	0	0	0	0	
Recreation/ Sports	0	0	0	0	0	0	
Sit/relax/ meal or picnic	0	0	0	0	0	0	
Outdoor Chores/ Household Activities	0	0	0	0	0	0	
Other	0	0	0	0	0	0	
Was INDOORS	0	0	0	0	0	0	
<b>Neather</b>							
Mostly Sunny	0	0	0	0	0	0	
Partly Cloudy	0	0	0	0	0	0	
Very Cloudy	0	0	0	0	0	0	
Sun Protection H	abits						
Wearing sunscreen	0	0	0	0	0	0	
Wearing a hat	0	0	0	0	0	0	
Staying in the shade	0	0	0	0	0	0	
Wearing a shirt with sleeves	0	0	0	0	0	0	
Wearing sunglasses	0	0	0	0	0	0	

#### **WEEKEND 1**

Sa O	atur	day	/	Su O	nda	ау					0	6	/[1	5	/[	1	0
То	day	y's	UV	Ind	ex												
1	2	3	4	5	6 	7	8	9	10	11 []	12 []	13	14 []	15 []	nc	ot su	re
N	lair	ı Ac	ctiv	ity		10an	n	11an	1 12	2pm	1pm	1 2	pm	3pm		4pm	1
		rans Walk		t cle,et	c.)	•		0		0	0		0	0			
	-	Recre Sport				0		0		•	0		0	•			
		Sit/re neal		icnic		0		0		0	•		0	0			
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	7		NDO	OOF		$\circ$	I	P	H			_					
٧	Vea	the	r			10an	n	11am	1 12	2pm	1pm	1 2	pm	3pm		4pm	1
	ľ	lost	y Sı	unny		•		•		•	•		•	•			
1		Ocr4ls				$\circ$		$\sim$		$\sim$	$\circ$		$\sim$	$\circ$			

Sun Protection Habits	10am	11am	12pm	1pm	2pm	3pm	4pm
Wearing sunscreen	•	•	•	•	•	•	
Wearing a hat	•	•	•	•	•	•	
Staying in the shade	0	0	0	•	0	0	
Covering up	0	0	0	0	0	0	

**Very Cloudy** 

## Please answer a few more questions for us.

1 On what data did you finish					
1. On what date did you finish completing the diary?					
	month day year				
2. At what time(s) did you	O Throughout the day				
complete the diary?	O At the end of the day				
	○ The next day				
	O After the four days were complete				
	Other				
2 Miles was filled autoromations					
3. When you filled out your diary, did you (choose one)	O Always did it myself				
did you (choose one)	<ul> <li>Sometimes talked with my child</li> </ul>				
	O Always talked with my child				
4. Did you or your child change you					
exposure/protection practices as of this diary?	o a result O Yes				
•					
If YES, what practices did you	or your child change? (Fill in all				

all that apply)

,p.y,	Changed myself	Child Changed
Wearing sunscreen	0	0
Wearing a hat	0	0
Staying in the shade	. 0	0
Covering up	0	0
Other	0	0

### Thank you for participating!

## **Child Sun Habits Diary**

Thank you for taking the time to complete the 4-day *Sun Habits Diary*. The information you provide will help us to know more about how much time your child spends outdoors and his or her sun protection habits.

If you are with your child during the days of the diary: We suggest you carry it with you and complete it every hour or two.

If you are not with your child during some or all of the "diary days": Go through the diary with your child before or after dinner and complete it with his or her help.

- Please complete the *Child Sun Habits Diary* for TWO weekdays and for TWO weekend days, for a total of FOUR days.
- 2. For each day, fill in the circle for the day of the week and write the date in the boxes.
- For each hour <u>you are outdoors</u> from 10am to 4pm, fill in the one circle that matches what your child was doing for MOST of the hour. The hour begins at the time listed (e.g., beginning at 10:00 until 11:00am)
- 4. Fill in the circle that best describes the sky conditions during each hour.
- 5. For the "Sun Protection Habits" For each hour, fill in the circle for each of the sun protection habits that your child used.