

# 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: \_\_\_\_\_ month / \_\_\_\_\_ day / \_\_\_\_\_ year      Serial no.: \_\_\_\_\_

Please complete this log in either blue or black ink.

Day of week:  Date: _____ month / _____ day / _____ year Time: <input type="checkbox"/> 1 AM <input type="checkbox"/> 2 PM 00:00 to 11:59 Weight: _____ lb	Day of week:  Date: _____ month / _____ day / _____ year Time: <input type="checkbox"/> 1 AM <input type="checkbox"/> 2 PM 00:00 to 11:59 Weight: _____ lb	Day of week:  Date: _____ month / _____ day / _____ year Time: <input type="checkbox"/> 1 AM <input type="checkbox"/> 2 PM 00:00 to 11:59 Weight: _____ lb	Day of week:  Date: _____ month / _____ day / _____ year Time: <input type="checkbox"/> 1 AM <input type="checkbox"/> 2 PM 00:00 to 11:59 Weight: _____ lb	Day of week:  Date: _____ month / _____ day / _____ year Time: <input type="checkbox"/> 1 AM <input type="checkbox"/> 2 PM 00:00 to 11:59 Weight: _____ lb	Day of week:  Date: _____ month / _____ day / _____ year Time: <input type="checkbox"/> 1 AM <input type="checkbox"/> 2 PM 00:00 to 11:59 Weight: _____ lb	Day of week:  Date: _____ month / _____ day / _____ year Time: <input type="checkbox"/> 1 AM <input type="checkbox"/> 2 PM 00:00 to 11:59 Weight: _____ lb	Day of week:  Date: _____ month / _____ day / _____ year Time: <input type="checkbox"/> 1 AM <input type="checkbox"/> 2 PM 00:00 to 11:59 Weight: _____ lb	Day of week:  Date: _____ month / _____ day / _____ year Time: <input type="checkbox"/> 1 AM <input type="checkbox"/> 2 PM 00:00 to 11:59 Weight: _____ lb	Day of week:  Date: _____ month / _____ day / _____ year Time: <input type="checkbox"/> 1 AM <input type="checkbox"/> 2 PM 00:00 to 11:59 Weight: _____ lb	Day of week:  Date: _____ month / _____ day / _____ year Time: <input type="checkbox"/> 1 AM <input type="checkbox"/> 2 PM 00:00 to 11:59 Weight: _____ lb	Day of week:  Date: _____ month / _____ day / _____ year Time: <input type="checkbox"/> 1 AM <input type="checkbox"/> 2 PM 00:00 to 11:59 Weight: _____ lb	Day of week:  Date: _____ month / _____ day / _____ year Time: <input type="checkbox"/> 1 AM <input type="checkbox"/> 2 PM 00:00 to 11:59 Weight: _____ lb	Day of week:  Date: _____ month / _____ day / _____ year Time: <input type="checkbox"/> 1 AM <input type="checkbox"/> 2 PM 00:00 to 11:59 Weight: _____ lb	Day of week:  Date: _____ month / _____ day / _____ year Time: <input type="checkbox"/> 1 AM <input type="checkbox"/> 2 PM 00:00 to 11:59 Weight: _____ lb
<b>Check scale memory</b>														

Send Completed Logs to DCRI Only If Completed During DLW Periods