**The CALIR study – Dosimetry measurements**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Aktivitäts-Tagebuch**  **Dosimeter D-Shuttle: ………………**  **Dosimeter UV-GENESIS: ……………..**  **P\_ID: ……………………** | 1. Hat Ihr Kind heute bei sonnigem Wetter Zeit draussen verbracht? | | O ja | | O nein | |
| 1. Falls ja, hat sich Ihr Kind dabei auf folgende Weise gegen die Sonne geschützt? | | | | | |
|  | Nein | | Teilweise | | Ja |
| Sonnencrème | O | | O | | O |
| Sonnenbrille | O | | O | | O |
| Kopfbedeckung | O | | O | | O |
| Langärmlige Kleider | O | | O | | O |
| lange Hosen/Jupe/langes Kleid | O | | O | | O |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Aktivitäts-Tagebuch für: Name des Kindes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Datum: \_\_\_\_.\_\_\_\_.\_\_\_\_\_\_** | | | | | **Wie typisch war der Tag (für diesen Wochentag)?** | | | | | | |
| **Wurde das Tagebuch am gleichen Tag ausgefüllt?** | | O ja | O nein | | | Bitte die entsprechende Box ankreuzen. | | | | | |
|  |  | | |  | | |  |  |  |  | |
|  | | | | **Sehr typisch** | | |  |  |  | **Gar nicht typisch** |  |
|  | | | | 1 | | | 2 | 3 | 4 | 5 |  |
|  | | | | | | | | | | | |
| Lassen Sie keine Lücken im Tag! Vergessen Sie nicht die Reisezeiten! | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Zeit** | | **Aktivität** | | **Ort** | **Out-doors** | **Addresse des Ortes** | | | |
| *Start-zeit* | *End-zeit* | *Was hat das Kind gemacht?* | | *Wo war das Kind?* |  | *Strasse* | *Nr.* | *PLZ* | *Ort* |
| 00:00 |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

Notizen/Kommentare:

|  |
| --- |
|  |