

# Hourly Activity Log

ID#: \_\_\_\_\_ Recording Date: \_\_\_\_\_ (mm/dd/yyyy) Day of the Week: \_\_\_\_\_

It is important for our research to explore how activities are related to the language environment. Please complete this chart during your recording day, noting activities your child engaged in, such as:

- |                            |   |   |
|----------------------------|---|---|
| 1. Wake up                 | 9. Book Reading   | 15. Listen to Music   |
| 2. Get Dressed             | 10. Story Telling   | 16. Public Transportation (bus/train rides)                                   |
| 3. Meal/Snack/Feeding Time | 11. Outings (park, walks, museum, zoo)  | 17. Car Rides   |
| 4. Sleep/Naps              | 12. Outdoor Play  | 18. Doctor Visits (immunizations, check-ups)                                  |
| 5. Bath/Washing            | 13. Errands (grocery store, market, shopping)   | 19. Group Gatherings (parties, play groups)                                   |
| 6. Get Ready for Bed       | 14. Vest Off (Please indicate any time DLP removed from LENA Clothing or LENA Clothing taken off child) | 20. Day Care / Learning Center / Preschool                                    |
| 7. Indoor Play             |   | If you do not see an activity listed, please write it in the activity column. |
| 8. TV/Video Time           |   |   |

Time	Activity	Main Caregiver	Other People Present	Notes
5AM — 6AM				
6AM—7AM				
7AM-8AM				
8AM-9AM				
9AM-10AM				
10AM-11AM				
11AM-12PM				
12PM-1PM				
1PM-2PM				
2PM-3PM				
3PM-4PM				
4PM-5PM				
5PM-6PM				
6PM-7PM				
7PM-8PM				
8PM-9PM				
9PM-10PM				
10PM-11PM				
11PM-12AM				