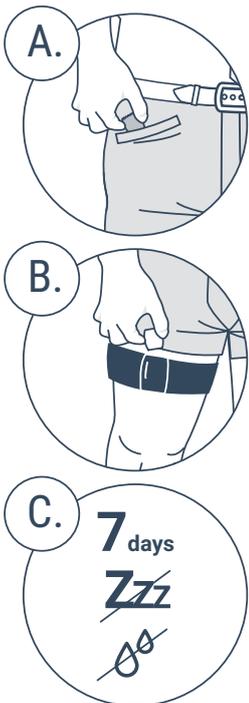


WELCOME TO YOUR FIBION MEASUREMENT!

BACKGROUND INFORMATION

- Write down your background information in the fields below. This information will be used to generate your Fibion Report. Your Fibion Report will be send to the given e-mail address.

| | | | | | | | | | | | | | |
|--|--------------------------|--|--|-------------------------|----|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Name | | E-mail address | | | | | | | | | | | |
| Date of birth | | Height cm | Weight kg   | | | | | | | | | | |
| Measurement start date | → | Measurement end date | | | | | | | | | | | |
| Typical bedtime | | → | | Typical time to wake up | | | | | | | | | |
| Background questions My total sitting time is not too high       I break up sitting sufficiently       I exercise sufficiently       I eat healthily       I usually feel energetic       I get enough sleep       I am able to affect my health with the choices that I make       At the moment I feel well       | | Physical activity at work My job includes physically strenuous tasks <table border="0"><tr><td>Yes</td><td>No</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table> My job includes monotonous tasks, for example prolonged standing <table border="0"><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table> My job includes primarily sitting <table border="0"><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table> My job includes sitting, standing and walking <table border="0"><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table> | | Yes | No | <input type="checkbox"/> |
| Yes | No | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| Notes | | | | | | | | | | | | | |



MEASUREMENT INSTRUCTIONS

- **Place the Fibion Device in the small pouch in the front pocket of your trousers (A).** Thus, the device is positioned horizontally when sitting and vertically when standing. It follows the movement of the thigh when, for example, walking or cycling. To achieve the most accurate results possible, try to keep the device in the front of the front pocket.
- **You can also place the Fibion Device in the thigh strap and attach it to the front of your thigh (B).**
- Wear the device for seven days. Remove the device when going to sleep. In the morning when you wake up, immediately put back the device in your front pocket or the thigh strap and again take it off just before going to sleep. **Wear the device for at least eight hours a day. The results are most accurate when worn 14-15 hours a day (C).**
- **The device may not be in contact with water, thus take it off while showering or during water exercise. Sweating does not harm the device.**
- Write down the measurement starting and ending date in the fields above. The measured days do not have to be subsequent days. If you did not wear the device on one day, write it down as a note in the Notes field. The device measures continuously for three weeks and it automatically recognizes the moments when it is not worn, which means that you do not have to worry about turning it on and off.

AFTER THE MEASUREMENT

- Return all the equipment back to your coach. After this you will receive your personal Fibion Report. Enjoy your Fibion measurement week!