

Study ID:

Accelerometer Log

Requested start date (MM/DD/YYYY): _____ / _____ / _____

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Date							
Time of day you put on the unit	<input type="checkbox"/> AM <input type="checkbox"/> PM						
Time of day you took off the unit	<input type="checkbox"/> AM <input type="checkbox"/> PM						
Any time(s) you did not wear the unit? (e.g. naps, bath/shower, swimming)							

Was this a typical week? Yes No

If no, please explain what was different about this week compared to normal:

In the space below, please provide comments about any times when the unit was not worn, or about any problems that occurred while you were wearing the unit:
