

Study Title: ATOMIC Study

Study ID: *SAMPLE*

Accelerometer Log

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

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Date	Jan 2, 2020	Jan 3, 2020	Jan 4, 2020	Jan 5, 2020	Jan 6, 2020	Jan 7, 2020	Jan 8, 2020
Time of day you put on the unit	6:30 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	7:30 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	6:30 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	8:30 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	6:00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	12:00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	6:45 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
Time of day you took off the unit	8:30 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	9:45 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	8:00 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	9:00 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	10:30 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	10:30 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	8:30 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
Any time(s) you did not wear the unit? (e.g. naps, bath/shower, swimming)	2:00-3:30 PM (Nap) 6:30-7:00 PM (Shower)	6:30-7:00 PM (Shower)	8:00-9:00 AM (Swim) 6:30-7:00 PM (Shower)	6:30-7:00 PM (Shower)	8:00-9:00 AM (Swim) 6:30-7:00 PM (Shower)	7:30-8:00 PM (Shower)	6:30-7:00 PM (Shower)

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:
