

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

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: