

Accelerometer diary Havaintotunnus: _____ Accelerometer ID: _____

First wear day: _____ date: _____ time: _____

Last wear day: _____ date: _____

<u>Time awake</u>	<i>EXAMPLE</i>	Monday	Tuesday	Wednesday
The device removed at	7:30 - 7:48	____:____ - ____:____	____:____ - ____:____	____:____ - ____:____
The device removed at	19:37 - 20:04	____:____ - ____:____	____:____ - ____:____	____:____ - ____:____
The device removed at	____:____ - ____:____	____:____ - ____:____	____:____ - ____:____	____:____ - ____:____
Naps	16:48 - 17:05	____:____ - ____:____	____:____ - ____:____	____:____ - ____:____
Naps	____:____ - ____:____	____:____ - ____:____	____:____ - ____:____	____:____ - ____:____
<u>Sleeptime</u>	<i>EXAMPLE</i>	Tuesday morning (Monday-Tuesday night)	Wednesday morning (Tuesday-Wednesday night)	Thursday morning (Wednesday-Thursday night)
I went to bed:	22:30	____:____	____:____	____:____
I started to sleep:	23:10	____:____	____:____	____:____
I woke up:	7:15	____:____	____:____	____:____
I rose from bed:	7:23	____:____	____:____	____:____
I woke up during sleep:	____ 2 ____ times	_____ times	_____ times	_____ times
I slept:	<input type="checkbox"/> well <input checked="" type="checkbox"/> rather well <input type="checkbox"/> rather badly <input type="checkbox"/> badly	<input type="checkbox"/> well <input type="checkbox"/> rather well <input type="checkbox"/> rather badly <input type="checkbox"/> badly	<input type="checkbox"/> well <input type="checkbox"/> rather well <input type="checkbox"/> rather badly <input type="checkbox"/> badly	<input type="checkbox"/> well <input type="checkbox"/> rather well <input type="checkbox"/> rather badly <input type="checkbox"/> badly

<u>Time awake</u>	<i>EXAMPLE</i>	Thursday	Friday	Saturday	Sunday
The device removed at	7:30 - 7:48	_____ : _____ - _____ : _____	_____ : _____ - _____ : _____	_____ : _____ - _____ : _____	_____ : _____ - _____ : _____
The device removed at	19:37 - 20:04	_____ : _____ - _____ : _____	_____ : _____ - _____ : _____	_____ : _____ - _____ : _____	_____ : _____ - _____ : _____
The device removed at	_____ : _____ - _____ : _____	_____ : _____ - _____ : _____	_____ : _____ - _____ : _____	_____ : _____ - _____ : _____	_____ : _____ - _____ : _____
Naps	16:48 - 17:05	_____ : _____ - _____ : _____	_____ : _____ - _____ : _____	_____ : _____ - _____ : _____	_____ : _____ - _____ : _____
Naps	_____ : _____ - _____ : _____	_____ : _____ - _____ : _____	_____ : _____ - _____ : _____	_____ : _____ - _____ : _____	_____ : _____ - _____ : _____
<u>Sleeptime</u>	<i>EXAMPLE</i>	Friday morning (Thursday-Friday night)	Saturday morning (Friday-Saturday night)	Sunday morning (Saturday-Sunday night)	Monday morning (Sunday-Monday night)
I went to bed:	22:30	_____ : _____	_____ : _____	_____ : _____	_____ : _____
I started to sleep:	23:10	_____ : _____	_____ : _____	_____ : _____	_____ : _____
I woke up:	7:15	_____ : _____	_____ : _____	_____ : _____	_____ : _____
I rose from bed:	7:23	_____ : _____	_____ : _____	_____ : _____	_____ : _____
I woke up during sleep:	_____ 2 _____ times	_____ times	_____ times	_____ times	_____ times
I slept:	<input type="checkbox"/> well <input checked="" type="checkbox"/> rather well <input type="checkbox"/> rather badly <input type="checkbox"/> badly	<input type="checkbox"/> well <input type="checkbox"/> rather well <input type="checkbox"/> rather badly <input type="checkbox"/> badly	<input type="checkbox"/> well <input type="checkbox"/> rather well <input type="checkbox"/> rather badly <input type="checkbox"/> badly	<input type="checkbox"/> well <input type="checkbox"/> rather well <input type="checkbox"/> rather badly <input type="checkbox"/> badly	<input type="checkbox"/> well <input type="checkbox"/> rather well <input type="checkbox"/> rather badly <input type="checkbox"/> badly