

Neurotrac ID
number: _____

Fidelity Log

Participant Name:		Trial ID:	
Care Home:			
PI Name:			
Group (delete as appropriate):	TREATMENT / SHAM	Date of First Session (DD/MM/YY):	

Date of Fidelity Check	Total Stimulation time		Average Stimulation Intensity		Correct Electrode Positioning	Notes / Actions
	DD/MM/YY	Machine check	Diary check	Machine check	Diary check**	Photo/View check
___/___/___	_____ hrs	_____ mins/hrs	_____ mA	_____ mA	Inside ankle (treatment) <input type="checkbox"/> Outside ankle (sham) <input type="checkbox"/>	Y / N* Actions if any:
___/___/___	_____ hrs	_____ mins/hrs	_____ mA	_____ mA	Inside ankle (treatment) <input type="checkbox"/> Outside ankle (sham) <input type="checkbox"/>	Y / N* Actions if any:
Trial Office Use only ___/___/___	_____ hrs	_____ mins/hrs	_____ mA	_____ mA	N/A	Y / N Actions if any:

**Inform Trial Office as soon as possible if fidelity checks not correct. **If intensity differs by over 10mA between diary and machine, contact Trial Office.*
NB 1st fidelity check due 2-3 weeks after start sessions; 2nd check 4-5 weeks after start; 3rd and final check done by trial office on return of machine