

**Daily Log - CAREGIVER**

Please complete log at the end of each day.

***Study ID Number:***

Questions/Problems?  
Call 434-459-1628

<div>Caregiver Page 1</div> <div>Daily Log - CAREGIVER</div> <div>Please complete log at the end of each day.</div> <div>Study ID Number:</div> <div>Questions/Problems? Call 434-459-1628</div>	<div>Date &amp; Time:</div> <div> <input type="checkbox"/> I wore the watch during the day  <input type="checkbox"/> I wore the watch overnight  <input type="checkbox"/> There was a change in the <i>patient's</i> pain medication  <input type="checkbox"/> There was a change to other medications the <i>patient</i> takes  <input type="checkbox"/> There was a significant change/event related to the <i>patient's</i> health  <input type="checkbox"/> There was a significant change/event related to <i>my</i> health  <input type="checkbox"/> There was a significant change/event related to our home  <input type="checkbox"/> The patient had pain events and I marked them on the watch  <input type="checkbox"/> I completed the daily survey on the watch  <input type="checkbox"/> The watch gave me trouble today         </div> <div>Notes:</div>	<div>Date &amp; Time:</div> <div> <input type="checkbox"/> I wore the watch during the day  <input type="checkbox"/> I wore the watch overnight  <input type="checkbox"/> There was a change in the <i>patient's</i> pain medication  <input type="checkbox"/> There was a change to other medications the <i>patient</i> takes  <input type="checkbox"/> There was a significant change/event related to the <i>patient's</i> health  <input type="checkbox"/> There was a significant change/event related to <i>my</i> health  <input type="checkbox"/> There was a significant change/event related to our home  <input type="checkbox"/> The patient had pain events and I marked them on the watch  <input type="checkbox"/> I completed the daily survey on the watch  <input type="checkbox"/> The watch gave me trouble today         </div> <div>Notes:</div>	<div>Date &amp; Time:</div> <div> <input type="checkbox"/> I wore the watch during the day  <input type="checkbox"/> I wore the watch overnight  <input type="checkbox"/> There was a change in the <i>patient's</i> pain medication  <input type="checkbox"/> There was a change to other medications the <i>patient</i> takes  <input type="checkbox"/> There was a significant change/event related to the <i>patient's</i> health  <input type="checkbox"/> There was a significant change/event related to <i>my</i> health  <input type="checkbox"/> There was a significant change/event related to our home  <input type="checkbox"/> The patient had pain events and I marked them on the watch  <input type="checkbox"/> I completed the daily survey on the watch  <input type="checkbox"/> The watch gave me trouble today         </div> <div>Notes:</div>
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