

Daily Log - PATIENT

Please complete log at the end of each day.

Study ID Number:

Questions/Problems?
Call 434-459-1628

<p>Patient Page 1</p> <h1>Daily Log - PATIENT</h1> <p>Please complete log at the end of each day.</p> <p>Study ID Number:</p> <hr/> <p>Questions/Problems? Call 434-459-1628</p>	<p>Date & Time:</p> <p><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 my pain medication <input type="checkbox"/> There were changes to other medications I take <input type="checkbox"/> There was a significant change/event related to my health <input type="checkbox"/> There was a significant change/event related to our home <input type="checkbox"/> I had pain events and 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</p> <p>Notes:</p>	<p>Date & Time:</p> <p><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 my pain medication <input type="checkbox"/> There were changes to other medications I take <input type="checkbox"/> There was a significant change/event related to my health <input type="checkbox"/> There was a significant change/event related to our home <input type="checkbox"/> I had pain events and 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</p> <p>Notes:</p>	<p>Date & Time:</p> <p><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 my pain medication <input type="checkbox"/> There were changes to other medications I take <input type="checkbox"/> There was a significant change/event related to my health <input type="checkbox"/> There was a significant change/event related to our home <input type="checkbox"/> I had pain events and 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</p> <p>Notes:</p>
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