Event No.	Time	Event Description

Patient Name: _____

Date: _____

Facility: _____

Patient Instructions

Press the 'Event' button and write in the diary for the following items.

- Meal times and/or snack times
- Restroom usage
- When going to bed
- Upon waking from sleep
- Upon taking any medication
- During any additional health symptoms and/or events (e.g. seizures, heart palpitations)

After pressing the 'Event' button, patient should write down the recorder time and description

Examples:

Event No.	Time	Event Description
1	6:30	Woke up
2	7:05	Ate breakfast
3	7:30	Used restroom

Column 1: Event No. shown in the window of the recorder (i.e. Event 1, Event 2, Event 3)
Column 2: Time – shown in the window of recorder
Column 3: Description – Please describe the event that caused you to press the Event button