| Event #: KADA | Start A.A. at | Event Time (HH: | MM) AMPM | | |
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| Ob . T 1 | Start: On a | | 3 | | Additional Comments: |
| Event Description: Provide a summary of wh | 41.24 | Seems h |) be recording | y data 6 | 9 4:24, too. |
| Provide a summary of which identifying information (| nat's happening at the mo | ment/what the indivi | dual is doing. Do not it is involved with the ev | ent. Do not detail | How Commach spressful d |
| the event if your headset | was not present. | 7. 9. 6. 9. 6. 6. 6. 6. | | | 1 |
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| Event # 2 | | Event Time (HH: | IM) AM/PM | | |
| Headset # R2D2 | Start: 4:32 | | End: 4:30 | 1 | Additional Compares. |
| Obs. Initials: MC | 1-00 | | 1.0 | 1 | |
| Event Description: | nat's happening at the mor | ment/what the individ | ual is doing. Do not in | clude any | Poline |
| identifying information (| names etc) Remember t | he participant must be | involved with the ever | nt. Do not detail | Morestaloi amusta woll |
| the event if your headset | was not present. | k / d / 100 | 1 100 5 | indu a | 1612 1864 |
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| How traumatic/stressful do | es this event seem to be | ? 1= lowest, 5= highe | | - | |
| | 2 | 3 | 4 | 5 | |
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| Event #: 3 | | Event Time (HH:M | | | |
| Headset #: RaDZ | Start: 4:41 | | End: 4:44 | | |
| Obs. Initials: M (Event Description: | | | 1, 1, | | |
| Provide a summary of wha | it's happening at the mon | nent/what the individu | al is doing. Do not inc | clude any | |
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| ent # 4 adset # R2D2 Start: 5:1 s. Initials: 74. ent Description: ovide a summary of what's happening at the | e moment/what the individual i | nd: 517 s doing. Do not i | nclude any | |
| entifying information (names, etc). Remem event if your headset was not present. | ber the participant must be my | bived with the ev | cht. Do not dotter | |
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| Event #: 5 Event Time (HH:MM) AM(PM) |
|---|
| Hendset #: R2D2 Start: 5:57 End: 6:03 |
| Obs. Initials: YY (Event Description: |
| Provide a summary of what's happening at the moment/what the individual is doing. Do not include any identifying information (names, etc). Remember the participant must be involved with the event. Do not detail |
| the event if your headset was not present. |
| - DOC talles to patrent my abdominal + beal pain. |
| 4 Pain is on and off. History of constipation Nawcour. |
| - Doc does abdominal exam @ 6:01. Finishes at 6:03 |
| Additional Comments: - O rolers labs + CT scan. |
| Rating: How traumatic/stressful does this event seem to be? 1= lowest, 5= highest |
| 1 2 3 4 5 |
| Event # 6 Headset # RaDa Start: 6:29 Obs. Initials: MC Event Time (HH:MM) AMPM End: 6:35 |
| Event Description: Provide a summary of what's happening at the moment/what the individual is doing. Do not include any |
| identifying information (names, etc). Remember the participant must be involved with the event. Do not detail the event if your headset was not present. |
| - Doc sees a patrent w/ strone aut. |
| is patient having trouble speaking, numbress, tinging, headache, |
| had high blood pressure, blurry vision. > Portrent had stroke last March. |
| - Portrent had stroke last March. |
| Additional Comments: - Ductor does a few Hists For strucke |
| |
| Rating: How traumatic/stressful does this event seem to be? 1= lowest, 5= highest |
| 110W daulihatic/stressini does dils event secin to be? 1 – lowest, 3 – liigliest |
| |
| Event #: 4 Headset #: R212 Obs. Initials: MC. Event Time (HH:MM) AM/PM End: 6:59 |
| Event Description: Provide a summary of what's happening at the moment/what the individual is doing. Do not include any identifying information (names, etc). Remember the participant must be involved with the event. Do not detail for swelling, listered the event if your headset was not present. Our sels a fairent w/ trapkel breathing thurst of the children and throat - ratent felt throat close, lyls water, Happened Sx in past menth |
| Ou sees a Patient w/ trouble breathing Chuked throat |
| - rations felt throat close, eyes water, Happened 5x in past month |
| |

Doctor coursels patrent about getting primary are doc **Additional Comments:** Rating: How traumatic/stressful does this event seem to be? 1= lowest, 5= highest 3 Event Time (HH:MM) AM/PM Event # End: Start: Headset # Obs. Initials: **Event Description:** Provide a summary of what's happening at the moment/what the individual is doing. Do not include any identifying information (names, etc). Remember the participant must be involved with the event. Do not detail the event if your headset was not present. Eccat I ime (HH:MM) Aid **Additional Comments:** Rating: How traumatic/stressful does this event seem to be? 1= lowest, 5= highest 3 2