

# Daily Assessment Report

Automatic Notification - 01/24/2019 12:30 PM - 01/25/2019 12:30 PM

Patient	Did you have shortness of breath or feel overly tired when walking on a flat surface yesterday?	What level of activity caused your shortness of breath or fatigue?	Did you have trouble lying flat in bed last night due to breathing problems?	Did you wake up this morning with unusual swelling in your feet or ankles?	Did you take your medication as prescribed yesterday?	Are you having any drainage or odor from your procedure site?	Please take a picture of the procedure site. Press the blue button to open the camera.	Are you having increasing pain or swelling at the procedure site?	On a scale of 1 to 5 how severe is your pain?	Please take a picture of the procedure site	Survey Time Span
Seggie, Wilma	No	N/A	No	Yes	Yes	N/A	N/A	N/A	N/A	N/A	<b>Time Span:</b> 0 minutes, 28 seconds <b>Start Time:</b> 01/25/2019 08:42 AM <b>End Time:</b> 01/25/2019 08:43 AM
Niner, Elizabeth	No	N/A	No	No	Yes	N/A	N/A	N/A	N/A	N/A	<b>Time Span:</b> 0 minutes, 26 seconds <b>Start Time:</b> 01/25/2019 07:05 AM <b>End Time:</b> 01/25/2019 07:06 AM
Joyner, Gary	No	N/A	No	No	Yes	N/A	N/A	N/A	N/A	N/A	<b>Time Span:</b> 0 minutes, 34 seconds <b>Start Time:</b> 01/25/2019 08:53 AM <b>End Time:</b> 01/25/2019 08:54 AM
Lee, Debbie	No	N/A	No	No	Yes	N/A	N/A	N/A	N/A	N/A	<b>Time Span:</b> 0 minutes, 17 seconds <b>Start Time:</b> 01/25/2019 08:30 AM <b>End Time:</b> 01/25/2019 08:30 AM
Falconer, Robert	No	N/A	No	No	Yes	N/A	N/A	N/A	N/A	N/A	<b>Time Span:</b> 0 minutes, 25 seconds <b>Start Time:</b> 01/25/2019 07:05 AM <b>End Time:</b> 01/25/2019 07:05 AM

## No Survey Transmission

- Glenn, Robert( Last Transmission: 12/18/2018 10:16 AM)
- Howe, Betty( Last Transmission: 01/13/2019 08:36 AM)