



Trial ID:

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Group: T (Treatment, inside ankle) / **S** (Sham, outside ankle)

(please circle T or S)

Participant's initials:

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Neurotrac Machine Number: _____

ELECTRIC Trial: Stimulation Diary

Please complete diary each time TPTNS is delivered to the resident. If the participant is approached for TPTNS but refuses, please record in the comments section and try approaching them again at a different time/day. Each time TPTNS is delivered, please return this diary to the resident's participant file.

Session	Date	Start Time	Intensity of Stim.	Comments e.g. any adverse reaction, or initial refusal of treatment, participating in any other activities while having TPTNS e.g. eating, TV.	Total time taken to set up/take off (mins)*	Initials (staff)	Staff Grade
1				<i>Inside/outside ankle (please circle)</i>			
2				<i>Inside/outside ankle (please circle)</i>			
3				<i>Inside/outside ankle (please circle)</i>			
4				<i>Inside/outside ankle (please circle)</i>			
5				<i>Inside/outside ankle (please circle)</i>			

Session	Date	Start Time	Intensity of Stim.	Comments e.g. any adverse reaction, or initial refusal of treatment, participating in any other activities while having TPTNS e.g. eating, TV.	Total time taken to set up/take off (mins)*	Initials (staff)	Staff Grade
6				<i>Inside/outside ankle (please circle)</i>			
7				<i>Inside/outside ankle (please circle)</i>			
8				<i>Inside/outside ankle (please circle)</i>			
9				<i>Inside/outside ankle (please circle)</i>			
10				<i>Inside/outside ankle (please circle)</i>			
11				<i>Inside/outside ankle (please circle)</i>			
12				<i>Inside/outside ankle (please circle)</i>			

* Please enter approximate time taken to administer TPTNS: include time taken to put on electrodes, set frequency of machine, and time to take it off. DO NOT INCLUDE 30 min treatment time.