

Monitoring results ThevoCalm



Name: _____ **Community name:** _____
(Abbreviated like Mr. X or Mrs. X to protect identities)

Address: _____

E-mail: _____ **Tel:** _____

Describe the person's overall condition: _____

ThevoCalm Model: 176 lbs OR 177 to 308 lbs

Frame type: Slatted or platform Box Springs Box Springs with Bunkie Board Hospital Bed

Person overseeing the trial: _____

Trial start date: _____

Notes about the person before trial: _____

Notes about the person after the trial: _____

Other comments and recommendations: _____

Do you give permission for the results to be published? Yes No

Signed: _____



Monitoring Results: ThevoCalm



Name: _____

	Pre-Trial Observations	End of Week 1 with ThevoCalm	End of Week 2 with ThevoCalm	End of Week 3 with ThevoCalm	End of Week 4 with ThevoCalm
<p>Please rank the following statements:</p> <p>(Ranking 1 to 5 (5 = strongly agree, 4 = agree, 3 = somewhat agree, 2 = disagree, 1 = strongly disagree))</p>	Before ThevoCalm	Week 1 Results:	Week 2 Results:	Week 3 Results:	Week 4 Results:
The person falls asleep relatively quickly at night.					
The person wakes up less frequently since sleeping on ThevoCalm.					
The person experiences less night time sweating.					
The person experiences less muscle stiffness in bed.					
The person is able to change position more easily in ThevoCalm.					
The person appears refreshed in the morning.					
The person has less daytime sleepiness.					
The person feels less muscle tension in the morning.					

Signed: _____

