MIND-C

Participant Diary

Participant ID #: ☐☐☐☐☐☐☐ Acrostic: ☐☐☐☐☐☐☐

Visit Date: ☐☐ / ☐☐ / ☐☐☐☐ (Month / Day / Year)

Date to remove and return CGM: ☐☐ / ☐☐ / ☐☐☐☐ (Month / Day / Year)

Date: ☐☐ / ☐☐ / ☐☐☐☐ (Month / Day / Year)

What time did you go to sleep yesterday?

☐☐:☐☐ ○ AM ○ PM

What time did you wake up today?

☐☐:☐☐ ○ AM ○ PM

What time did you eat today?

Breakfast: ☐☐:☐☐ ○ AM ○ PM

Lunch: ☐☐:☐☐ ○ AM ○ PM

Dinner: ☐☐:☐☐ ○ AM ○ PM

Snack 1: ☐☐:☐☐ ○ AM ○ PM

Snack 2: ☐☐:☐☐ ○ AM ○ PM

Snack 3: ☐☐:☐☐ ○ AM ○ PM

Snack 4: ☐☐:☐☐ ○ AM ○ PM

Did you exercise today?

○ Yes ○ No

If yes, what time(s) did you exercise today?

☐☐:☐☐ ○ AM ○ PM ☐☐:☐☐ ○ AM ○ PM

☐☐:☐☐ ○ AM ○ PM

Did you experience any of the following today?

☐ *I did not experience any of these today*

☐ Headache ☐ Trouble concentrating or confusion

☐ Irritability ☐ Blurred vision

☐ Weakness ☐ Nervousness

☐ Fatigue ☐ Tremor or shakiness

☐ Dizziness ☐ Palpitations

If yes, what time(s) did you experience this?

☐☐:☐☐ ○ AM ○ PM ☐☐:☐☐ ○ AM ○ PM

☐☐:☐☐ ○ AM ○ PM ☐☐:☐☐ ○ AM ○ PM