

Supplementary Material 3

Subject ID: _____ Date of Enrollment: _____

iThermonitor Daily Event Monitoring Log

Please indicate **Yes** or **No** for each column everyday during the study.

Day	The iThermonitor stayed on the body for most of the day		I was able to view the temperature data on the iPad mini	
	Yes	No	Yes	No
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				