



Please remember to try to complete your balance exercises **at least 3 times per week** for the next 6 months. Please place checkmarks to let us know if you have done your 3 sessions for the week indicated. If there is some reason why you were unable to complete your exercises as prescribed please describe it for us; for example, "Feeling unwell", "travelled out of town", etc. Remember to mail this postcard back to us each month along with your falls postcard. **Thank you!**

To:

MONTH _____ YEAR _____ STUDY ID # _____

Week	First day	Second day	Third day
1	<input type="checkbox"/> Y N _____	<input type="checkbox"/> Y N _____	<input type="checkbox"/> Y N _____
2	<input type="checkbox"/> Y N _____	<input type="checkbox"/> Y N _____	<input type="checkbox"/> Y N _____
3	<input type="checkbox"/> Y N _____	<input type="checkbox"/> Y N _____	<input type="checkbox"/> Y N _____
4	<input type="checkbox"/> Y N _____	<input type="checkbox"/> Y N _____	<input type="checkbox"/> Y N _____
5	<input type="checkbox"/> Y N _____	<input type="checkbox"/> Y N _____	<input type="checkbox"/> Y N _____