



A **fall** is when you suddenly find yourself on the ground or a lower level without intending to be there. Please circle 'Y' or 'N' to indicate whether or not you have had a fall, including a slip or trip each day of this month and return this diary to West Park Healthcare Centre.

**If you have had a fall or other health related event, please call the Research Coordinator at:**

*(add sticker)*

To:

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MONTH \_\_\_\_\_

YEAR \_\_\_\_\_

STUDY ID #: \_\_\_\_\_

MON	TUES	WED	THURS	FRI	SAT	SUN
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Y N	Y N	Y N	Y N	Y N	Y N	Y N
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Y N	Y N	Y N	Y N	Y N	Y N	Y N
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Y N	Y N	Y N	Y N	Y N	Y N	Y N
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Y N	Y N	Y N	Y N	Y N	Y N	Y N
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Y N	Y N	Y N	Y N	Y N	Y N	Y N