

# Falls Calendar

# To record your slip, trips and falls

Dear Participant,

*Thank you for taking the time to complete this important calendar. Monitoring falls is an essential aspect of care for people with osteoporosis.*

*We want to know if you have any fall including a slip or trip in which you lost your balance and landed on the floor or ground or at a lower level. Please record your fall on the calendar as soon as possible, ideally on the same day. If you do fall please note if you saw a doctor and if you were injured.*

*The research team will contact you each month on the telephone to check through your calendar and will ask you to return each month of your calendar in the pre-paid envelope provided.*

*Thank you once again for participating in this research.*

Month:				Year:		
Sunday	Monday	Tuesday	Wed	Thursday	Friday	Saturday

**Have you had any fall including a trip or slip in which you lost your balance and landed on the floor or ground or at a lower level?**

**If you fell please put a 'F' on the calendar on the date of the fall.**

**Please note down: If you saw the doctor or not and if you were injured what happened. Thank you.**

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