

Researchers - Call log – Call 1

Participant Name: _____

Study number

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Telephone contact: Date: _____

Time: _____

“Thank you using your fall calendar. We would like to ask you some more questions about your calendar. This will help us to understand more about why and when people with osteoporosis fall.”

Where were you when you fell? _____

What do you think caused you to fall? _____

Did you see a Doctor or other health care professional?

What, if any injury did you have?

Injury	Yes/No	
Bruise or Cut	Yes/No	Location
Broken bone	Yes/No	Location

Researcher Printed name: _____

Signature: _____

Researchers - Call log – Call 2

Participant Name: _____

Study number

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Telephone contact: Date: _____

Time: _____

“Thank you using your fall calendar. We would like to ask you some more questions about your calendar. This will help us to understand more about why and when people with osteoporosis fall.”

Where were you when you fell? _____

What do you think caused you to fall? _____

Did you see a Doctor or other health care professional?

What, if any injury did you have?

Injury	Yes/No	
Bruise or Cut	Yes/No	Location
Broken bone	Yes/No	Location

Researcher Printed name: _____

Signature: _____

Researchers - Call log – Call 3

Participant Name: _____

Study number

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Telephone contact: Date: _____

Time: _____

“Thank you using your fall calendar. We would like to ask you some more questions about your calendar. This will help us to understand more about why and when people with osteoporosis fall.”

Where were you when you fell? _____

What do you think caused you to fall? _____

Did you see a Doctor or other health care professional?

What, if any injury did you have?

Injury	Yes/No	
Bruise or Cut	Yes/No	Location
Broken bone	Yes/No	Location

Researcher Printed name: _____

Signature: _____

Researchers - Call log – Call 4

Participant Name: _____

Study number

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Telephone contact: Date: _____

Time: _____

“Thank you using your fall calendar. We would like to ask you some more questions about your calendar. This will help us to understand more about why and when people with osteoporosis fall.”

Where were you when you fell? _____

What do you think caused you to fall? _____

Did you see a Doctor or other health care professional?

What, if any injury did you have?

Injury	Yes/No	
Bruise or Cut	Yes/No	Location
Broken bone	Yes/No	Location

Researcher Printed name: _____

Signature: _____

Researchers - Call log – Call 5

Participant Name: _____

Study number

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Telephone contact: Date: _____

Time: _____

“Thank you using your fall calendar. We would like to ask you some more questions about your calendar. This will help us to understand more about why and when people with osteoporosis fall.”

Where were you when you fell? _____

What do you think caused you to fall? _____

Did you see a Doctor or other health care professional?

What, if any injury did you have?

Injury	Yes/No	
Bruise or Cut	Yes/No	Location

Broken bone	Yes/No	Location
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Researcher Printed name: _____

Signature: _____

Researchers - Call log – Call 6

Participant Name: _____

Study number

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Telephone contact: Date: _____

Time: _____

“Thank you using your fall calendar. We would like to ask you some more questions about your calendar. This will help us to understand more about why and when people with osteoporosis fall.”

Where were you when you fell? _____

What do you think caused you to fall? _____

Did you see a Doctor or other health care professional?

What, if any injury did you have?

Injury	Yes/No
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Bruise or Cut	Yes/No	Location
Broken bone	Yes/No	Location

Researcher Printed name: _____

Signature: _____

Researchers - Call log – Call 7

Participant Name: _____

Study number

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Telephone contact: Date: _____

Time: _____

“Thank you using your fall calendar. We would like to ask you some more questions about your calendar. This will help us to understand more about why and when people with osteoporosis fall.”

Where were you when you fell? _____

What do you think caused you to fall? _____

Did you see a Doctor or other health care professional?

What, if any injury did you have?

Injury	Yes/No	
Bruise or Cut	Yes/No	Location
Broken bone	Yes/No	Location

Researcher Printed name: _____

Signature: _____

Researchers - Call log – Call 8

Participant Name: _____

Study number

Telephone contact: Date: _____

Time: _____

“Thank you using your fall calendar. We would like to ask you some more questions about your calendar. This will help us to understand more about why and when people with osteoporosis fall.”

Where were you when you fell? _____

What do you think caused you to fall? _____

Did you see a Doctor or other health care professional?

What, if any injury did you have?

Injury	Yes/No	
Bruise or Cut	Yes/No	Location
Broken bone	Yes/No	Location

Researcher Printed name: _____

Signature: _____

Researchers - Call log – Call 9

Participant Name: _____

Study number

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Telephone contact: Date: _____

Time: _____

“Thank you using your fall calendar. We would like to ask you some more questions about your calendar. This will help us to understand more about why and when people with osteoporosis fall.”

Where were you when you fell? _____

What do you think caused you to fall? _____

Did you see a Doctor or other health care professional?

What, if any injury did you have?

Injury	Yes/No	
Bruise or Cut	Yes/No	Location
Broken bone	Yes/No	Location

Researcher Printed name: _____

Signature: _____

Researchers - Call log – Call 10

Participant Name: _____

Study number

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Telephone contact: Date: _____

Time: _____

“Thank you using your fall calendar. We would like to ask you some more questions about your calendar. This will help us to understand more about why and when people with osteoporosis fall.”

Where were you when you fell? _____

What do you think caused you to fall? _____

Did you see a Doctor or other health care professional?

What, if any injury did you have?

Injury	Yes/No	
Bruise or Cut	Yes/No	Location
Broken bone	Yes/No	Location

Researcher Printed name: _____

Signature: _____

Researchers - Call log – Call 11

Participant Name: _____

Study number

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Telephone contact: Date: _____

Time: _____

“Thank you using your fall calendar. We would like to ask you some more questions about your calendar. This will help us to understand more about why and when people with osteoporosis fall.”

Where were you when you fell? _____

What do you think caused you to fall? _____

Did you see a Doctor or other health care professional?

What, if any injury did you have?

Injury	Yes/No	
Bruise or Cut	Yes/No	Location
Broken bone	Yes/No	Location

Researcher Printed name: _____

Signature: _____

Researchers - Call log – Call 12

Participant Name: _____

Study number

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Telephone contact: Date: _____

Time: _____

“Thank you using your fall calendar. We would like to ask you some more questions about your calendar. This will help us to understand more about why and when people with osteoporosis fall.”

Where were you when you fell? _____

What do you think caused you to fall? _____

Did you see a Doctor or other health care professional?

What, if any injury did you have?

Injury	Yes/No	
Bruise or Cut	Yes/No	Location
Broken bone	Yes/No	Location

Researcher Printed name: _____

Signature: _____