



**12 week  
PATIENT DIARY**

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Study Number

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Patient Initials

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Research team contact details:

Dr. Louise Allan

DIFRID Study

Institute of Neuroscience

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Campus for Ageing and Vitality

Newcastle University

Newcastle upon Tyne

NE4 5PL

### Welcome to your patient diary

Over the next 12 weeks we would like to help you achieve your goals towards becoming more independent.

After your initial two assessment visits your therapists will agree with you some overall goals which are personal to you. These will be written in the table below.

In order to get to your goals we will be working with you on a number of activities. The rest of this diary is for you to record when you are doing the activities over the next 12 weeks.

We would also like you to record your falls and use of health services. Please turn over to find more instructions about how to use the diary.

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2.	
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10.	

## Completing your patient diary

### ACTIVITIES

The therapist will list your activity goals each week. Please indicate whether you have completed the set activity each day by ticking in the box. If you did not complete the activity please leave that day blank.

An example is below:

ACTIVITIES							
	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
	Wed	Thurs	Fri	Sat	Sun	Mon	Tues
Activity							
Walk to shops	✓		✓		✓		✓
Make a hot drink	✓	✓	✓	✓		✓	✓

### FALLS

All falls, (including a slip or trip) in which you lost your balance and landed on the floor or ground or lower level should be recorded. If you have fallen please put a tick below the day that you have fallen and give further details of the fall(s) below. Write down **every** fall you have had on that day, (e.g. if you had 3 falls in one day, add them **all**.) If you haven't fallen leave that day blank.

An example is below:

FALLS							
	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
	Wed	Thurs	Fri	Sat	Sun	Mon	Tues
Did you fall today? If so please complete details below		✓			✓		
Date of fall(s)	Details of fall(s) Where and when did you fall? What were you doing? Did you hurt yourself?						
Thurs 22/06/17	Slipped on way to bathroom. Hurt knee. Felt dizzy						
Sun 25/06/17	Tripped over carpet in the hall. No injury						

## CONTACT WITH HEALTH PROFESSIONALS

This space is to note any other appointments or hospital visits as you will be asked about other NHS services you have used at the end of the study. If you are keeping another calendar or diary of your own then please feel free to keep using that one instead.

An example is below:

Service(s) used this week
Wednesday 21/06/17 - Dr appointment at GP surgery
Friday 23/06/17 - Physiotherapist home appointment

**WEEK 1**

Week commencing

		-			-		
D	D		M	M		Y	Y

Study number

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Patient initials

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**ACTIVITIES**

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
<b>Activity</b>							

**FALLS**

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
<b>Did you fall today?</b> If so please complete details below							

Date of fall(s)	Details of fall(s)
	Where and when did you fall? What were you doing? Did you hurt yourself?

## WEEK 1

### CONTACT WITH HEALTH PROFESSIONALS

At the end of the study we will interview you about what other NHS services you have used outside of the research study. To help you remember things in the interview it may help if you make a note of any other appointments or hospital visits you have in the space below.

If you are keeping another calendar or diary of your own then please feel free to keep using that one.

Service(s) used this week

**WEEK 2**Week  
commencing

		-			-		
D	D		M	M		Y	Y

Study number

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Patient initials

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**ACTIVITIES**

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Activity							

**FALLS**

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Did you fall today? If so please complete details below							

Date of fall(s)	Details of fall(s)
	Where and when did you fall? What were you doing? Did you hurt yourself?

## WEEK 2

### CONTACT WITH HEALTH PROFESSIONALS

At the end of the study we will interview you about what other NHS services you have used outside of the research study. To help you remember things in the interview it may help if you make a note of any other appointments or hospital visits you have in the space below.

If you are keeping another calendar or diary of your own then please feel free to keep using that one.

Service(s) used this week



**WEEK 3**

Week commencing

□	□	-	□	□	-	□	□
D	D		M	M		Y	Y

Study number

□	□	□	□	□	□	□	□
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Patient initials

□	□	□
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**ACTIVITIES**

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Activity							

**FALLS**

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Did you fall today? If so please complete details below							
Date of fall(s)	Details of fall(s) Where and when did you fall? What were you doing? Did you hurt yourself?						

## WEEK 3

### CONTACT WITH HEALTH PROFESSIONALS

At the end of the study we will interview you about what other NHS services you have used outside of the research study. To help you remember things in the interview it may help if you make a note of any other appointments or hospital visits you have in the space below.

If you are keeping another calendar or diary of your own then please feel free to keep using that one.

#### Service(s) used this week


**WEEK 4**

Week commencing

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D	D	M	M	Y

Study number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Patient initials

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**ACTIVITIES**

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Activity							

**FALLS**

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Did you fall today? If so please complete details below							
Date of fall(s)	Details of fall(s) Where and when did you fall? What were you doing? Did you hurt yourself?						

## WEEK 4

### CONTACT WITH HEALTH PROFESSIONALS

At the end of the study we will interview you about what other NHS services you have used outside of the research study. To help you remember things in the interview it may help if you make a note of any other appointments or hospital visits you have in the space below.

If you are keeping another calendar or diary of your own then please feel free to keep using that one.

Service(s) used this week

**WEEK 5**Week  
commencing

		-			-		
D	D		M	M		Y	Y

Study number

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Patient initials

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**ACTIVITIES**

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Activity							

**FALLS**

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Did you fall today? If so please complete details below							

Date of fall(s)	Details of fall(s) Where and when did you fall? What were you doing? Did you hurt yourself?

## WEEK 5

### CONTACT WITH HEALTH PROFESSIONALS

At the end of the study we will interview you about what other NHS services you have used outside of the research study. To help you remember things in the interview it may help if you make a note of any other appointments or hospital visits you have in the space below.

If you are keeping another calendar or diary of your own then please feel free to keep using that one.

Service(s) used this week

**WEEK 6**Week  
commencing

		-			-		
D	D		M	M		Y	Y

Study number

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Patient initials

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**ACTIVITIES**

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Activity							

**FALLS**

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Did you fall today? If so please complete details below							

Date of fall(s)	Details of fall(s) Where and when did you fall? What were you doing? Did you hurt yourself?

## WEEK 6

### CONTACT WITH HEALTH PROFESSIONALS

At the end of the study we will interview you about what other NHS services you have used outside of the research study. To help you remember things in the interview it may help if you make a note of any other appointments or hospital visits you have in the space below.

If you are keeping another calendar or diary of your own then please feel free to keep using that one.

Service(s) used this week



**WEEK 7**Week  
commencing

		-			-		
D	D		M	M		Y	Y

Study number

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Patient initials

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**ACTIVITIES**

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Activity							

**FALLS**

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Did you fall today? If so please complete details below							
Date of fall(s)	Details of fall(s) Where and when did you fall? What were you doing? Did you hurt yourself?						

## WEEK 7

### CONTACT WITH HEALTH PROFESSIONALS

At the end of the study we will interview you about what other NHS services you have used outside of the research study. To help you remember things in the interview it may help if you make a note of any other appointments or hospital visits you have in the space below.

If you are keeping another calendar or diary of your own then please feel free to keep using that one.

**Service(s) used this week**


**WEEK 8**Week  
commencing

		-			-		
D	D		M	M		Y	Y

Study number

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Patient initials

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**ACTIVITIES**

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
<b>Activity</b>							

**FALLS**

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
<b>Did you fall today?</b> If so please complete details below							

Date of fall(s)	Details of fall(s) Where and when did you fall? What were you doing? Did you hurt your- self?

## WEEK 8

### CONTACT WITH HEALTH PROFESSIONALS

At the end of the study we will interview you about what other NHS services you have used outside of the research study. To help you remember things in the interview it may help if you make a note of any other appointments or hospital visits you have in the space below.

If you are keeping another calendar or diary of your own then please feel free to keep using that one.

Service(s) used this week

**WEEK 9**Week  
commencing

		-			-		
D	D		M	M		Y	Y

Study number

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Patient initials

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**ACTIVITIES**

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Activity							

**FALLS**

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Did you fall today? If so please complete details below							

Date of fall(s)	Details of fall(s) Where and when did you fall? What were you doing? Did you hurt yourself?

## WEEK 9

### CONTACT WITH HEALTH PROFESSIONALS

At the end of the study we will interview you about what other NHS services you have used outside of the research study. To help you remember things in the interview it may help if you make a note of any other appointments or hospital visits you have in the space below.

If you are keeping another calendar or diary of your own then please feel free to keep using that one.

Service(s) used this week

**WEEK 10**Week  
commencing

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D	D	M	M	Y

Study number

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Patient initials

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**ACTIVITIES**

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
<b>Activity</b>							

**FALLS**

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
<b>Did you fall today?</b> If so please complete details below							

Date of fall(s)	Details of fall(s)
	Where and when did you fall? What were you doing? Did you hurt yourself?

## WEEK 10

### CONTACT WITH HEALTH PROFESSIONALS

At the end of the study we will interview you about what other NHS services you have used outside of the research study. To help you remember things in the interview it may help if you make a note of any other appointments or hospital visits you have in the space below.

If you are keeping another calendar or diary of your own then please feel free to keep using that one.

Service(s) used this week



**WEEK 11**

Week commencing

□	□	-	□	□	-	□	□	□	□
D	D		M	M		Y	Y		

Study number

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Patient initials

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**ACTIVITIES**

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
<b>Activity</b>							

**FALLS**

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
<b>Did you fall today?</b> If so please complete details below							
<b>Date of fall(s)</b>	<b>Details of fall(s)</b> Where and when did you fall? What were you doing? Did you hurt yourself?						

## WEEK 11

### CONTACT WITH HEALTH PROFESSIONALS

At the end of the study we will interview you about what other NHS services you have used outside of the research study. To help you remember things in the interview it may help if you make a note of any other appointments or hospital visits you have in the space below.

If you are keeping another calendar or diary of your own then please feel free to keep using that one.

Service(s) used this week

**WEEK 12**Week  
commencing

		-			-		
D	D		M	M		Y	Y

Study number

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Patient initials

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**ACTIVITIES**

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Activity							

**FALLS**

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Did you fall today? If so please complete details below							

Date of fall(s)	Details of fall(s) Where and when did you fall? What were you doing? Did you hurt yourself?

## WEEK 12

### CONTACT WITH HEALTH PROFESSIONALS

At the end of the study we will interview you about what other NHS services you have used outside of the research study. To help you remember things in the interview it may help if you make a note of any other appointments or hospital visits you have in the space below.

If you are keeping another calendar or diary of your own then please feel free to keep using that one.

Service(s) used this week

## Additional Information

Please use the space below to provide any additional information you would like to send the to the team, or any details you were not able to fit on to the earlier pages of the diary.

# Thank you for your help

Thank you for filling in your diary. Please don't hesitate to contact the team if you have any difficulty in filling in your diary or if you lose it and need another one.

Contact details:

Dr. Louise Allan  
DIFRID Study  
Institute of Neuroscience  
Biomedical Research Building  
Campus for Ageing and Vitality  
Newcastle University  
Newcastle upon Tyne  
NE4 5PL

Secretary: Beth Edgar



Secretary is available Monday, Tuesday and Thursday.

A message can be left at all other times and a member of the team will get back to you.