

FALLS DIARY

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Study Number

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Patient Initials

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Research team contact details:

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DIFRID Study

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Welcome to your monthly falls diary

We would like you to record **DAILY**, for the next four weeks,

- **all falls**, (including a slip or trip) in which you lost your balance and landed on the floor or ground or lower level. 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 had no falls please put a line through the box (see Tuesday's example).
- if someone helped you at home with your daily chores, who helped you (friends/family, home help or paid help e.g. a cleaner) and for how many hours they helped you.

We would like you to record **WEEKLY**, for the next four weeks,

- If **you** or **your carer** (on your behalf **only**) used any NHS healthcare services, such as talking to your GP or attending a hospital appointment, and how many times you used this service.



Repeat this for each of the four weeks.

At the end of the four weeks, please send the falls diary back to us using the pre-paid envelope provided.



It would be useful if you could include as much detail as possible about your fall. (How and where you fell and if you hurt yourself.)

Here are some **examples** of how you may fill in the diary:

Sample falls diary

Week Commencing	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	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"/>	<input type="text"/>	<input type="text"/>

Monday	<p>1) <i>Slipped on way to bathroom. Hurt knee. Felt dizzy.</i></p> <p>2) <i>Tripped over on the lounge floor when hurrying to answer the phone. Didn't hurt myself.</i></p>	<p>1) <i>My friend washed all my clothes. She was here for 3 hours and spent 1 hour doing the laundry</i></p>
Tuesday	/	
Wednesday	<p>1) <i>Blacked out while crossing the road. Taken to casualty. Bruised hip. Then</i></p>	<p>1) <i>My husband made the dinner and cleaned the house. It took him 2 hours.</i></p>
Thursday	<p>1) <i>Tripped over carpet in the hall. No injury.</i></p>	

Please **Turn Over the page** to begin filling in your diary for this week



Falls Diary

Week Commencing - - Study Number
 Patient Initials

Week 1	Did you fall today? Please give some details of your fall such as when, where and how it happened and if you were hurt.	Did you have any help at home today? Please give some details of this help such as who gave you help (e.g. friends/family/healthcare assistant), what did they do (e.g. washing, cleaning, cooking etc.) and for how long.
Monday		

Week 1	Did you fall today? Please give some details of your fall such as when, where and how it happened and if you were hurt.	Did you have any help at home today? Please give some details of this help such as who gave you help (e.g. friends/family/healthcare assistant), what did they do (e.g. washing, cleaning, cooking etc.) and how long did they provide care.
Tuesday		
Wednesday		
Thursday		

Week 1	Did you fall today? Please give some details of your fall such as when, where and how it happened and if you were hurt.	Did you have any help at home today? Please give some details of this help such as who gave you help (e.g. friends/family/healthcare assistant), what did they do (e.g. washing, cleaning, cooking etc.) and how long did they provide care.
Friday		
Saturday		
Sunday		

Thinking about **Week 1**....

Have you had used any **NHS service** this week?

Yes If yes, please answer the following questions.

No If no, please go to **Page 9**.

Have you seen or spoken to a **GP**?

Yes No

During a home visit? If yes, how many times? _____

At the GP surgery? If yes, how many times? _____

By telephone? If yes, how many times? _____

Did you see or speak to a **nurse** from the GP surgery?

Yes No

During a home visit? If yes, how many times? _____

At the GP surgery? If yes, how many times? _____

By telephone? If yes, how many times? _____

Did you see or speak to an **occupational therapist** ?

Yes No

During a home visit? If yes, how many times? _____

At the GP surgery? If yes, how many times? _____

At hospital? If yes, how many times? _____

Thinking about **Week 1....**

Did you see or speak to a **physiotherapist**?

	Yes	No	
During a home visit?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, how many times? _____
At the GP surgery?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, how many times? _____
By telephone?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, how many times? _____
At hospital?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, how many times? _____
At a day unit?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, how many times? _____
Connect Healthcare?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, how many times? _____

Did you attend an **outpatient clinic**? Yes No

If yes, how many times? _____

Did you use the **emergency ambulance service**?

Yes No

If yes, how many times? _____

How many of these times were you taken to hospital? _____

Did you attend a **day hospital** (rehabilitation unit)?

Yes No

Thinking about **Week 1**....

Did you go to a **rehabilitation class** (e.g. staying steady, strength and balance class)? Yes No

If yes, how many times did you attend? _____

What was the name of this class? _____

Apart from outpatient appointments, did you **attend hospital** for any other treatments or appointments? Yes No

If Yes, did you stay in any of the following and how many times?

	Yes	No
In Accident and Emergency (A&E)?	<input type="checkbox"/>	<input type="checkbox"/>

If yes, how many times? _____

On a ward for the <u>day only</u> ?	<input type="checkbox"/>	<input type="checkbox"/>
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If yes, how many times? _____

On a ward <u>overnight</u> ?	<input type="checkbox"/>	<input type="checkbox"/>
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If yes, how many nights? _____

Falls Diary

Week Commencing - - Study Number
 Patient Initials

Week 2	Did you fall today? Please give some details of your fall such as when, where and how it happened and if you were hurt.	Did you have any help at home today? Please give some details of this help such as who gave you help (e.g. friends/family/healthcare assistant), what did they do (e.g. washing, cleaning, cooking etc.) and for how long.
Monday		

Week 2	Did you fall today? Please give some details of your fall such as when, where and how it happened and if you were hurt.	Did you have any help at home today? Please give some details of this help such as who gave you help (e.g. friends/family/healthcare assistant), what did they do (e.g. washing, cleaning, cooking etc.) and how long did they provide care.
Tuesday		
Wednesday		
Thursday		

Week 2	Did you fall today? Please give some details of your fall such as when, where and how it happened and if you were hurt.	Did you have any help at home today? Please give some details of this help such as who gave you help (e.g. friends/family/healthcare assistant), what did they do (e.g. washing, cleaning, cooking etc.) and how long did they provide care.
Friday		
Saturday		
Sunday		

Thinking about **Week 2**....

Have you had used any **NHS service** this week?

Yes If yes, please answer the following questions.

No If no, please go to **Page 15**.

Have you seen or spoken to a **GP**?

Yes No

During a home visit? If yes, how many times? _____

At the GP surgery? If yes, how many times? _____

By telephone? If yes, how many times? _____

Did you see or speak to a **nurse** from the GP surgery?

Yes No

During a home visit? If yes, how many times? _____

At the GP surgery? If yes, how many times? _____

By telephone? If yes, how many times? _____

Did you see or speak to an **occupational therapist** ?

Yes No

During a home visit? If yes, how many times? _____

At the GP surgery? If yes, how many times? _____

At hospital? If yes, how many times? _____

Thinking about **Week 2....**

Did you see or speak to a **physiotherapist**?

	Yes	No	
During a home visit?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, how many times? _____
At the GP surgery?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, how many times? _____
By telephone?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, how many times? _____
At hospital?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, how many times? _____
At a day unit?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, how many times? _____
Connect Healthcare?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, how many times? _____

Did you attend an **outpatient clinic**? Yes No

If yes, how many times? _____

Did you use the **emergency ambulance service**?

Yes No

If yes, how many times? _____

How many of these times were you taken to hospital? _____

Did you attend a **day hospital** (rehabilitation unit)?

Yes No

Thinking about **Week 2**....

Did you go to a **rehabilitation class** (e.g. staying steady, strength and balance class)? Yes No

If yes, how many times did you attend? _____

What was the name of this class? _____

Apart from outpatient appointments, did you **attend hospital** for any other treatments or appointments? Yes No

If Yes, did you stay in any of the following and how many times?

	Yes	No
In Accident and Emergency (A&E)?	<input type="checkbox"/>	<input type="checkbox"/>

If yes, how many times? _____

On a ward for the <u>day only</u> ?	<input type="checkbox"/>	<input type="checkbox"/>
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If yes, how many times? _____

On a ward <u>overnight</u> ?	<input type="checkbox"/>	<input type="checkbox"/>
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If yes, how many nights? _____

Falls Diary

Week Commencing - - Study Number
 Patient Initials

Week 3	Did you fall today? Please give some details of your fall such as when, where and how it happened and if you were hurt.	Did you have any help at home today? Please give some details of this help such as who gave you help (e.g. friends/family/healthcare assistant), what did they do (e.g. washing, cleaning, cooking etc.) and for how long.
Monday		

Week 3	Did you fall today? Please give some details of your fall such as when, where and how it happened and if you were hurt.	Did you have any help at home today? Please give some details of this help such as who gave you help (e.g. friends/family/healthcare assistant), what did they do (e.g. washing, cleaning, cooking etc.) and how long did they provide care.
Tuesday		
Wednesday		
Thursday		

Week 3	Did you fall today? Please give some details of your fall such as when, where and how it happened and if you were hurt.	Did you have any help at home today? Please give some details of this help such as who gave you help (e.g. friends/family/healthcare assistant), what did they do (e.g. washing, cleaning, cooking etc.) and how long did they provide care.
Friday		
Saturday		
Sunday		

Thinking about **Week 3**....

Have you had used any **NHS service** this week?

Yes If yes, please answer the following questions.

No If no, please go to **Page 21**.

Have you seen or spoken to a **GP**?

Yes No

During a home visit? If yes, how many times? _____

At the GP surgery? If yes, how many times? _____

By telephone? If yes, how many times? _____

Did you see or speak to a **nurse** from the GP surgery?

Yes No

During a home visit? If yes, how many times? _____

At the GP surgery? If yes, how many times? _____

By telephone? If yes, how many times? _____

Did you see or speak to an **occupational therapist** ?

Yes No

During a home visit? If yes, how many times? _____

At the GP surgery? If yes, how many times? _____

At hospital? If yes, how many times? _____

Thinking about **Week 3**....

Did you see or speak to a **physiotherapist**?

	Yes	No	
During a home visit?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, how many times? _____
At the GP surgery?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, how many times? _____
By telephone?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, how many times? _____
At hospital?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, how many times? _____
At a day unit?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, how many times? _____
Connect Healthcare?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, how many times? _____

Did you attend an **outpatient clinic**? Yes No

If yes, how many times? _____

Did you use the **emergency ambulance service**?

Yes No

If yes, how many times? _____

How many of these times were you taken to hospital? _____

Did you attend a **day hospital** (rehabilitation unit)?

Yes No

Thinking about **Week 3**....

Did you go to a **rehabilitation class** (e.g. staying steady, strength and balance class)? Yes No

If yes, how many times did you attend? _____

What was the name of this class? _____

Apart from outpatient appointments, did you **attend hospital** for any other treatments or appointments? Yes No

If Yes, did you stay in any of the following and how many times?

	Yes	No
In Accident and Emergency (A&E)?	<input type="checkbox"/>	<input type="checkbox"/>

If yes, how many times? _____

On a ward for the <u>day only</u> ?	<input type="checkbox"/>	<input type="checkbox"/>
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If yes, how many times? _____

On a ward <u>overnight</u> ?	<input type="checkbox"/>	<input type="checkbox"/>
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If yes, how many nights? _____

Falls Diary

Week Commencing

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Study Number

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Patient Initials

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Week 4	Did you fall today? Please give some details of your fall such as when, where and how it happened and if you were hurt.	Did you have any help at home today? Please give some details of this help such as who gave you help (e.g. friends/family/healthcare assistant), what did they do (e.g. washing, cleaning, cooking etc.) and for how long.
Monday		

Week 4	Did you fall today? Please give some details of your fall such as when, where and how it happened and if you were hurt.	Did you have any help at home today? Please give some details of this help such as who gave you help (e.g. friends/family/healthcare assistant), what did they do (e.g. washing, cleaning, cooking etc.) and how long did they provide care.
Tuesday		
Wednesday		
Thursday		

Week 4	Did you fall today? Please give some details of your fall such as when, where and how it happened and if you were hurt.	Did you have any help at home today? Please give some details of this help such as who gave you help (e.g. friends/family/healthcare assistant), what did they do (e.g. washing, cleaning, cooking etc.) and how long did they provide care.
Friday		
Saturday		
Sunday		

Thinking about **Week 4**....

Have you had used any **NHS service** this week?

Yes If yes, please answer the following questions.

No If no, please go to **Page 27**.

Have you seen or spoken to a **GP**?

Yes No

During a home visit? If yes, how many times? _____

At the GP surgery? If yes, how many times? _____

By telephone? If yes, how many times? _____

Did you see or speak to a **nurse** from the GP surgery?

Yes No

During a home visit? If yes, how many times? _____

At the GP surgery? If yes, how many times? _____

By telephone? If yes, how many times? _____

Did you see or speak to an **occupational therapist** ?

Yes No

During a home visit? If yes, how many times? _____

At the GP surgery? If yes, how many times? _____

At hospital? If yes, how many times? _____

Thinking about **Week 4....**

Did you see or speak to a **physiotherapist**?

	Yes	No	
During a home visit?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, how many times? _____
At the GP surgery?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, how many times? _____
By telephone?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, how many times? _____
At hospital?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, how many times? _____
At a day unit?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, how many times? _____
Connect Healthcare?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, how many times? _____

Did you attend an **outpatient clinic**? Yes No

If yes, how many times? _____

Did you use the **emergency ambulance service**?

Yes No

If yes, how many times? _____

How many of these times were you taken to hospital? _____

Did you attend a **day hospital** (rehabilitation unit)?

Yes No

Thinking about **Week 4**....

Did you go to a **rehabilitation class** (e.g. staying steady, strength and balance class)? Yes No

If yes, how many times did you attend? _____

What was the name of this class? _____

Apart from outpatient appointments, did you **attend hospital** for any other treatments or appointments? Yes No

If Yes, did you stay in any of the following and how many times?

	Yes	No
In Accident and Emergency (A&E)?	<input type="checkbox"/>	<input type="checkbox"/>

If yes, how many times? _____

On a ward for the <u>day only</u> ?	<input type="checkbox"/>	<input type="checkbox"/>
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If yes, how many times? _____

On a ward <u>overnight</u> ?	<input type="checkbox"/>	<input type="checkbox"/>
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If yes, how many nights? _____

Thinking about the last 4 weeks...

Did you see or speak to a **social worker** over the last 4 weeks?

	Yes	No	
During a home visit?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, how many times? _____
At their office?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, how many times? _____
By telephone?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, how many times? _____

Have you received an **allowance for a carer**? Yes No

If yes, how much on average do you receive each week?

£ _____.

Have **you paid** for any healthcare (e.g. prescriptions, private appointments, equipment) over the last 4 weeks?

Yes No

If yes, what did you pay for? _____

If yes, how much did you pay (in total)? £ _____.

Have **you paid** for any other help (e.g. cleaner, exercise classes, Call Line) over the last 4 weeks?

Yes No

If yes, what did you pay for? _____

If yes, how much did you pay (in total)? £ _____.

Thinking about the last 4 weeks...

If a friend or family member helped you at home **what would they be doing if** they were not helping over the last 4 weeks?

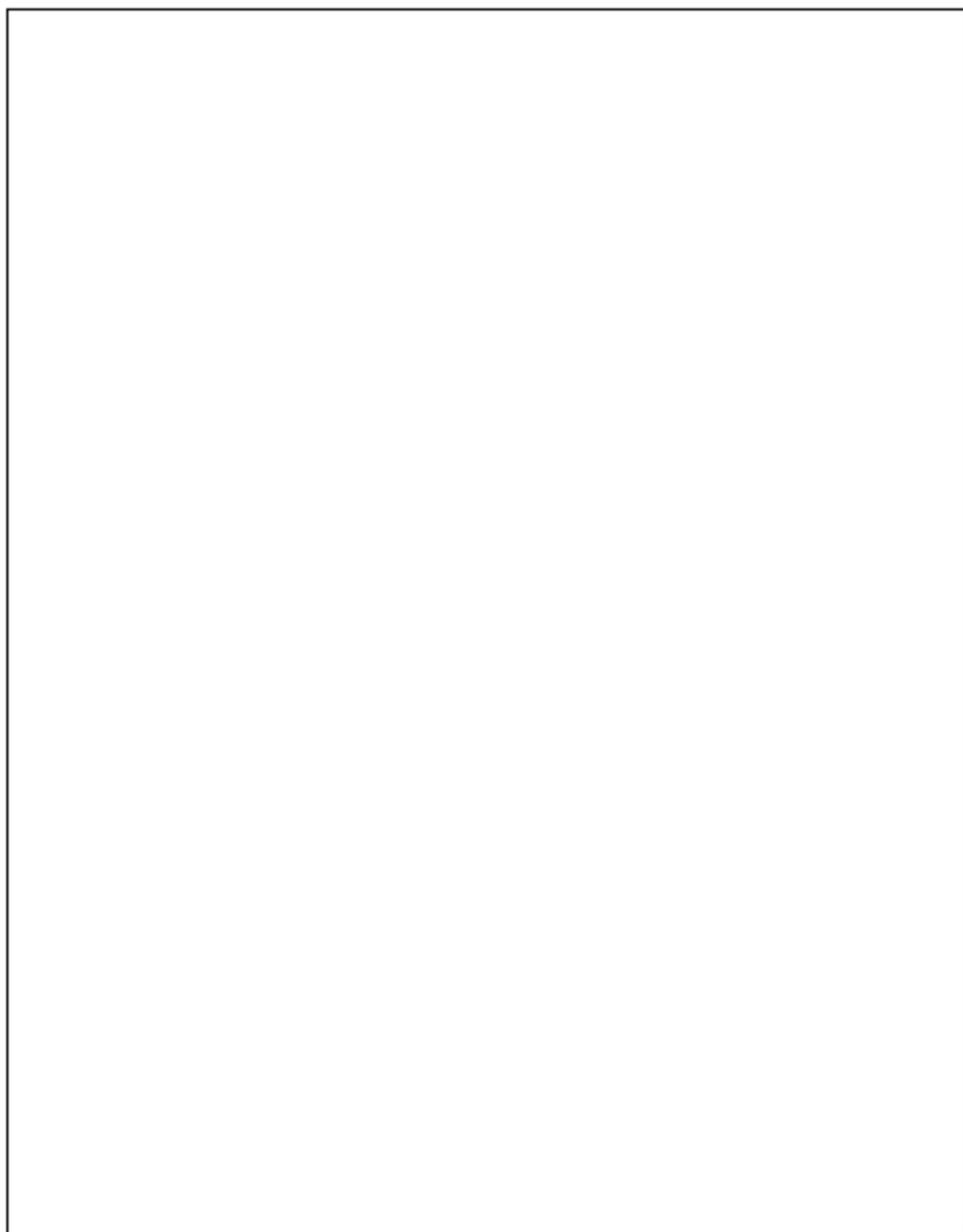
- Housework
- Childcare
- Caring for a relative or friend
- Voluntary work
- Leisure activities
- Attending school or University
- On sick leave
- Paid work
- Other – please specify _____

Have you used **any other healthcare services** or received **any other help** over the last 4 weeks?

Yes No

If yes, what were these **healthcare services** and what **help** did you receive? *(If more than one please list all services/help you received).*

Additional Information

A large, empty rectangular box with a thin black border, intended for providing additional information. The box is currently blank.

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.