

DATE <insert date>

OTIS Trial FALLS CALENDAR

Centre number

Participant's trial ID number

If you have a fall, even if it was minor, place a cross (X) in the date box on the day it occurred and call us. If you did not have a fall on any day this month, put a zero in the box next to the statement at the bottom. We would like to know about any fall you have including a slip or trip in which you lost your balance and landed on the floor or ground or lower level.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

Please write the number of falls you had this month in this box.

If you did not fall s please write '0'.



Please call the researchers on [insert telephone number] if

- You have a fall, even if it was minor
- You have any queries



At the end of the month when this card is complete, please separate and post it back to us. There is no need for you to add your name or any postage. Or if you prefer you can ring us on [insert telephone number] and give us the information over the phone.