

**SSHeW SLIP DIARY – Please use this diary to record when you have a slip during the trial. You will need this information to complete the final questionnaire. If you need further copies, please photocopy this sheet. (V2 04.01.17)**



**Please insert the start date for the week here: Monday \_\_\_\_\_**

**Please complete the following for the days that you worked:**

	Mon	Tues	Weds	Thurs	Fri	Sat	Sun	Total
How many hours did you work?								
How many times did you slip or slide (with or without falling) while at work								
How many of these slips resulted in a fall (where you came to rest on the ground, floor or lower level)?								
How many of these slips resulted in injury?								
If you were injured, what was the injury? For example, sprained wrist, broken foot, cut hand)								
How many times did you fall at work for reasons other than a slip? (For example, tripped or missed a step)								
Did you wear trial footwear at work? Leave blank if you have not yet been provided with trial foot wear								

The space below is for you to record additional information about the slips that may help you recall the events. We will be asking whether or not you needed hospital treatment, how many nights you stayed in hospital and whether you had any time off work (to be recorded in hours). You may find it useful to record this information here

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