**ARIC Fall Calendar and Participant Instructions**

A. Included here are calendars to track your experience with falling for 6 months.
B. Please place this calendar on your refrigerator, or someplace close by, so it will be where you can easily see it and remember to mark it each evening.
C. Please mark on the calendar every day by recording:
    a. **"F" if you did fall** or
    b. **"N" if you did NOT fall**
D. If you fall, please answer the questions at the bottom of the calendar about that fall. Please answer ALL of the questions. If you experience more than one fall in a given month, please answer these questions for the first fall only.
E. At the end of each month, please tear off the calendar page, fold it up, and mail it.
F. There is no need for a stamp because it is already stamped and ready to mail.
G. If we do not receive your calendar at the beginning of each month, we will send you a post card to remind you to mail it in.
H. If we don't receive your calendar for a few months in a row, we will call you and ask you about falling during this time period.
I. At the end of the last month, please complete the Falls Evaluation Questions and mail it to us. It is already addressed and stamped.

| **SAMPLE CALENDAR** | | | | **PATID #** | | |
|---|---|---|---|---|---|---|
| **Mark "F" on each day you DID have a FALL**<br><br>**MARK "N" on each day you did NOT have a FALL** | | | | | | |
| **SUN** | **MON** | **TUES** | **WED** | **THURS** | **FRI** | **SAT** |
| 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 | **☐ I DID NOT FALL THIS MONTH (mark "X" in this box if you did not fall this month)**<br><br>**MAIL CALENDAR AT THE END OF THE MONTH** | | | |

| MONTH/YEAR | | | PATID # | | | |
|---|---|---|---|---|---|---|
| **Mark "F" on each day you DID have a FALL**<br><br>**MARK "N" on each day you did NOT have a FALL** | | | | | | |
| **SUN** | **MON** | **TUES** | **WED** | **THURS** | **FRI** | **SAT** |
| 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 → | ☐ **I DID NOT FALL THIS MONTH**<br>**(mark "X" in this box if you did not fall this month)**<br><br>**MAIL CALENDAR AT THE END OF THE MONTH** | | | |

**If you have a fall this month, please answer all questions below about the fall.**
**If you fall more than once, please answer for the first fall this month.**

**Answer EVERY question below about your fall. Mark "X" for YES or NO**

| **Location of Fall** | **YES** | **NO** |
|---|---|---|
| I was at my home | ☐ Y | ☐ N |
| I was indoors (home/building) | ☐ Y | ☐ N |
| **Getting Up** | **YES** | **NO** |
| Someone had to help me up | ☐ Y | ☐ N |
| I needed to wait for help | ☐ Y | ☐ N |
| I used an emergency bracelet or necklace to get help | ☐ Y | ☐ N |
| **Injury** | **YES** | **NO** |
| I hit my head | ☐ Y | ☐ N |
| I broke or fractured a bone | ☐ Y | ☐ N |
| I had other type of injury | ☐ Y | ☐ N |
| I limited my physical activities | ☐ Y | ☐ N |
| **Treatment** | **YES** | **NO** |
| I went to my doctor | ☐ Y | ☐ N |
| I went to an emergency room | ☐ Y | ☐ N |
| I stayed overnight in hospital | ☐ Y | ☐ N |
| **Reason for Fall** | **YES** | **NO** |
| I lost my balance | ☐ Y | ☐ N |
| I slipped/tripped on something | ☐ Y | ☐ N |
| I fainted | ☐ Y | ☐ N |
| I felt dizzy | ☐ Y | ☐ N |
| I stood or sat up too quickly | ☐ Y | ☐ N |
| My legs gave out | ☐ Y | ☐ N |
| I was rushing or distracted | ☐ Y | ☐ N |
| I had trouble seeing | ☐ Y | ☐ N |
| I was in physical pain | ☐ Y | ☐ N |

Write here any other reason you fell: