



**Newcastle  
University**

Institute of  
Health & Society

***Institute for  
Ageing and  
Health***

# STRIDE

“Strategies To incRease confidence,  
InDe pendence and EnErgy”

## FALLS DIARY

Study Number

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Patient Initials

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Research team contact details:

Mrs Ruth Pearce (Research Assistant) or

Dr Pat McCue (Research Assistant)

**STRIDE Study**

C/O Institute for Ageing and Health

Newcastle University

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## Welcome to your monthly falls diary

We would like you to record **each day**, 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.



Please fill in the date at the start of each week and then on each day for that week, write down **every** fall you have had on that day, (*e.g. if you had 3 falls in one day, add them all.*) 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.)

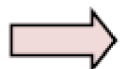
Here are some *examples* of how you may fill in the diary:

**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"/>

<b>Saturday</b>	<p><i>1) Slipped on way to bathroom. Hurt knee. Felt dizzy.</i></p> <p><i>2) Tripped over on the lounge floor when hurrying to answer the phone. Didn't hurt myself.</i></p>
<b>Sunday</b>	
<b>Monday</b>	<p><i>1) Blacked out while crossing the road. Taken to casualty. Bruised hip. Then sent home.</i></p>
<b>Tuesday</b>	<p><i>1) 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	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	Study Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	dd			mm				yy	Patient Initials	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Saturday	
Sunday	
Monday	
Tuesday	

Wednesday	
Thursday	
Friday	

Any additional comments:

# Falls Diary

Week Commencing	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	Study Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	dd			mm			yy		Patient Initials	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Saturday	
Sunday	
Monday	
Tuesday	

Wednesday	
Thursday	
Friday	

Any additional comments:

# Falls Diary

Week Commencing	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	Study Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	dd			mm			yy		Patient Initials	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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Any additional comments:



# Falls Diary

Week Commencing	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	Study Number	<input type="text"/>	<input type="text"/>	<input type="text"/>
	dd		mm		yy	Patient Initials	<input type="text"/>	<input type="text"/>	<input type="text"/>

Saturday	
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Friday	

Any additional comments:

# 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:

Project Secretary: Ms Helen Walker  
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