## CONFIDENTIAL

## **REFORM Study**

Reducing falls with ORthosis and a Multifaceted podiatry intervention

Six Month
Participant exercise and orthosis diary



For office use only	
Centre number:	
Participant's trial ID number:	
Date questionnaire sent:	Day Month Year



## PLEASE READ ALL THE INSTRUCTIONS BEFORE COMPLETING THE QUESTIONNAIRE

Thank you for agreeing to take part in this study. The responses you give in this questionnaire will help us find out the best way to stop people who are over 65 years old from having a fall.

Please answer ALL the questions. Although some of the questions may not seem relevant to yourself or may appear similar, they do give us valuable information.

If you find it difficult to answer the question, please give the best answer you can.

Please follow the instructions for each section carefully.

For each section, if you are asked to put a cross in the box, please use a cross rather than a tick, as if you were filling out a ballot paper.

For example in the following question, if your answer to the question is 'yes', you should place a cross firmly in the box next to yes.

Do you drive a car?	Yes
	No

Please use a black or blue pen for all the questions.

Please do not use a pencil or any other coloured pen.

If you have any queries or problems completing this questionnaire please contact the trial co-ordinator, Sarah Cockayne, freephone XXXX or XXXX, email XXXX.

	We would like to ask you how often you have worn the orthotic (insole) in your shoe and completed the foot and ankle exercises.						
	Please enter the questionnaire:	date you are compl	eting this	y Month	2 0 Year		
1.	. Thinking about the past month, typically how often have you worn your foot orthotic (insole) in your shoes? (Please cross one box only)						
	All of the time	Most of the time	Some of the time	A little of the time	None of the time		
2.	Thinking about the foot and ankle exe (Please cross one	ercises?	ally how many times	a week did you un	dertake the		
	None, I did not do any	Once a week	Twice a week	Three times a week	More than three times a week		
3.	Have you had any (Please specify)	/ problems wearing	g the orthotic or unde	rtaking the foot and	d ankle exercises?		

Thank you for taking the time to complete this questionnaire. Please return it to the York Trials Unit at the University of York in the pre-paid envelope provided.