

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



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 date you are completing this questionnaire:

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text" value="2"/>	<input type="text" value="0"/>	<input type="text"/>	<input type="text"/>
Day			Month			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 past month, typically how many times a week did you undertake the foot and ankle exercises?
(Please cross one box only)

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 problems wearing the orthotic or undertaking the foot and ankle exercises?
(Please specify)

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.