

September 2011

REFORM Trial FALLS CALENDAR


Centre number


Participant's trial ID number

If you have a fall, even if it was minor, place a cross (X) in the date box on the day it occurred and call us. If you did not have a fall on any day this month, put a cross in the box next to the statement at the bottom.

| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|--------|---------|-----------|----------|--------|----------|--------|
|        |         |           | 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       |        |

If you didn't have any falls at all this month please place a cross in this box.

-  Please call the researchers on XXXX if
- You have a fall, even if it was minor
  - You have any queries

 At the end of the month when this card is complete, please separate and post it back to us. There is no need for you to add your name or any postage.

Pre-paid post card with return postal address