

## How to complete the Falls Diaries

If you have a FALL, please:

- Mark an "F" on the monthly sheet of your Falls Diary, on the day which you have a fall, and
- Use the boxes on the 'Details of Falls' sheets to describe what happened for each fall.

### Definition of a FALL

*"When you accidentally lose your balance and cannot save yourself.  
You may land on the ground or on a piece of furniture."*

Please make a note of the following details:

- Date and time (use 'morning', 'afternoon', 'evening' or 'night', if you can't recall the exact time).
- Where you fell, e.g. in the bathroom, in the garden, in the street.
- What you were doing or trying to do, e.g. sit down, turn round, open the front door.
- Why you think you fell, e.g. tripped over your feet, froze, misjudged a distance.
- How you landed, e.g. flat on your back, on all fours, on one knee.
- Injuries or treatment, e.g. bruised hip, broken bone, went to A&E, admitted to hospital, saw GP/Nurse.
- Getting up again, e.g. needed help, by yourself, crawled to furniture.

Short (even single word) answers are perfectly acceptable:

- You do not have to write sentences.
- There is space to describe two falls on every Details of Falls sheet.
- If you want to write any more about what happened when you fell, please feel free to do so.

We don't expect you to remember every detail of every fall.

- If you can't be certain, please write, 'Don't know', 'No idea', or 'Can't remember' in any box.
- The trial team are available to answer any questions that you have about your Falls Diary. Contact the PDSAFE Team on: 023 8120 4943.
- You may have to leave a message on the answer phone – please state your name and a contact number and one of the team will get back to you.

If you have a NEAR FALL, please:

Mark "NF" in the box on any day of the monthly sheets of your Falls Diary on which you have a near fall.

### Definition of a NEAR FALL

*"When you felt you were going to fall but did not and managed to save yourself."*

## Falls Diary

# APRIL 2017

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

FALL = When you accidentally lose your balance and cannot save yourself. You may land on the ground or on a piece of furniture.

Please mark an "F" in the box on any day on which you have a fall. Then record details of the fall on the 'Details of Falls' sheet.

NEAR FALL = When you felt you were going to fall but did not and managed to save yourself.

Please mark "NF" in the box on any day on which you have a near fall. No need to record further details of near falls.

Thank you

<b>Details of Fall</b>						
Date and time of your fall						
Where did you fall?						
What were you trying to do when you fell?						
Why do you think you fell?						
How did you land when you fell?						
Did you incur any injuries when you fell?						
Any treatment/follow-up care? (please tick all that apply)						
<table border="0"> <tr> <td>No</td> <td>Admission to hospital</td> <td>__ (please specify number of days)</td> </tr> <tr> <td>Ambulance to A&amp;E</td> <td>Others (please specify, e.g. GP)</td> <td></td> </tr> </table>	No	Admission to hospital	__ (please specify number of days)	Ambulance to A&E	Others (please specify, e.g. GP)	
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Ambulance to A&E	Others (please specify, e.g. GP)					
Getting up again – how did you get up after your fall?						

<b>Fall</b>						
Date and time of your fall						
Where did you fall?						
What were you trying to do when you fell?						
Why do you think you fell?						
How did you land when you fell?						
Did you incur any injuries when you fell?						
Any treatment/follow-up care? (please tick all that apply)						
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Getting up again – how did you get up after your fall?						