| | |
|---|---|
| **ID** | |
| **Date** | |

**FALLS DIARY**

Falls in the month of _____, 2017

Please place an X on the date of any falls

| | | | | | | |
|---|---|---|---|---|---|---|
| **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** | | | | |

| | |
|---|---|
| **ID** | |
| **Date** | |

| **FALLS DIARY** | | | |
|---|---|---|---|
| **Fall 1** | **Fall 2** | **Fall 3** | **Fall 4** |
| **What time of the day did you fall?** | | | |
| ☐ Morning (6am-12pm) | ☐ Morning (6am-12pm) | ☐ Morning (6am-12pm) | ☐ Morning (6am-12pm) |
| ☐ Afternoon (12pm-6pm) | ☐ Afternoon (12pm-6pm) | ☐ Afternoon (12pm-6pm) | ☐ Afternoon (12pm-6pm) |
| ☐ Evening (6pm-12am) | ☐ Evening (6pm-12am) | ☐ Evening (6pm-12am) | ☐ Evening (6pm-12am) |
| ☐ Night-time (12am-6am) | ☐ Night-time (12am-6am) | ☐ Night-time (12am-6am) | ☐ Night-time (12am-6am) |
| **Warning Signs** | | | |
| ☐ Nil | ☐ Nil | ☐ Nil | ☐ Nil |
| ☐ Dizziness | ☐ Dizziness | ☐ Dizziness | ☐ Dizziness |
| ☐ Weakness | ☐ Weakness | ☐ Weakness | ☐ Weakness |
| ☐ Palpitations | ☐ Palpitations | ☐ Palpitations | ☐ Palpitations |
| ☐ Other | ☐ Other | ☐ Other | ☐ Other |
| **Loss of Consciousness** | | | |
| ☐ No ☐ Yes | ☐ No ☐ Yes | ☐ No ☐ Yes | ☐ No ☐ Yes |
| **Injuries associated with fall** | | | |
| Area injured: | Area injured: | Area injured: | Area injured: |
| ☐ Nil | ☐ Nil | ☐ Nil | ☐ Nil |
| ☐ *Bruises/grazes* | ☐ Bruises/grazes | ☐ Bruises/grazes | ☐Bruises/grazes |
| ☐ Cuts, no stitches | ☐ Cuts, no stitches | ☐Cuts, no stitches | ☐ Cuts, no stitches |
| ☐ Cut + stitches | ☐ Cut + stitches | ☐ Cut + stitches | ☐ Cut + stitches |
| ☐ Fracture | ☐ Fracture | ☐ Fracture | ☐ Fracture |
| ☐ Other | ☐ Other | ☐ Other | ☐ Other |
| **Able to get up after fall** | | | |
| ☐ No ☐ Yes | ☐ No ☐ Yes | ☐ No ☐ Yes | ☐ No ☐Yes |
| **Medical attention after fall** | | | |
| ☐ Nil | ☐ Nil | ☐ Nil | ☐ Nil |
| ☐ GP | ☐ GP | ☐ GP | ☐ GP |
| ☐ Hospital OP | ☐ Hospital OP | ☐ Hospital OP | ☐ Hospital OP |
| ☐ Hospital admit | ☐ Hospital admit | ☐ Hospital admit | ☐ Hospital admit |
| ☐ Other | ☐ Other | ☐ Other | ☐ Other |
| **Glasses worn at time of fall** | | | |
| ☐ Don't wear | ☐ Don't wear | ☐ Don't wear | ☐ Don't wear |
| ☐ Use but not worn | ☐ Use but not worn | ☐ Use but not worn | ☐ Use but not worn |
| ☐ Normal distance glasses | ☐Normal distance glasses | ☐ Normal distance glasses | ☐ Normal distance glasses |
| ☐Bifocals ☐Tri-multifocals | ☐Bifocals ☐Tri-multifocals | ☐Bifocals ☐Tri-multifocals | ☐ Bifocals ☐Tri-multifocals |

| | |
|---|---|
| **ID** | |
| **Date** | |

| Fall 1 | Fall 2 | Fall 3 | Fall 4 |
|---|---|---|---|
| **Location of Fall** | | | |
| **Location:** | **Location:** | **Location:** | **Location:** |
| ☐ Indoors – bedroom | ☐ Indoors – bedroom | ☐ Indoors - bedroom | ☐ Indoors - bedroom |
| ☐ Indoors – bathroom | ☐ Indoors – bathroom | ☐ Indoors – bathroom | ☐ Indoors – bathroom |
| ☐ Indoors – kitchen | ☐ Indoors – kitchen | ☐ Indoors – kitchen | ☐ Indoors – kitchen |
| ☐ Indoors – living/dining | ☐ Indoors – living/dining | ☐ Indoors – living/dining | ☐ Indoors – living/dining |
| ☐ Indoors – stairs | ☐ Indoors – stairs | ☐ Indoors – stairs | ☐ Indoors – stairs |
| ☐ Indoors – other | ☐ Indoors – other | ☐ Indoors – other | ☐ Indoors – other |
| ☐ Outdoors – home | ☐ Outdoors – home | ☐ Outdoors – home | ☐ Outdoors – home |
| ☐ Outdoors – street | ☐ Outdoors – street | ☐ Outdoors - street | ☐ Outdoors - street |
| ☐ Outdoors – shops | ☐ Outdoors – shops | ☐ Outdoors – shops | ☐ Outdoors – shops |
| ☐ Outdoors – pub trans | ☐ Outdoors – pub trans | ☐ Outdoors – pub trans | ☐ Outdoors – pub trans |
| ☐ Outdoors – curb/step | ☐ Outdoors – curb/step | ☐ Outdoors – curb/step | ☐ Outdoors – curb/step |
| ☐ Outdoors – other | ☐ Outdoors – other | ☐ Outdoors – other | ☐ Outdoors – other |
| **Activity prior to fall** | | | |
| ☐ Walking | ☐ Walking | ☐ Walking | ☐ Walking |
| ☐ Rushing | ☐ Rushing | ☐ Rushing | ☐ Rushing |
| ☐ Running | ☐ Running | ☐ Running | ☐ Running |
| ☐ Turning | ☐ Turning | ☐ Turning | ☐ Turning |
| ☐ Reaching | ☐ Reaching | ☐ Reaching | ☐ Reaching |
| ☐ Bending | ☐ Bending | ☐ Bending | ☐ Bending |
| ☐ Transfers | ☐ Transfers | ☐ Transfers | ☐ Transfers |
| ☐ Carrying/Lifting | ☐ Carrying/Lifting | ☐ Carrying/Lifting | ☐ Carrying/Lifting |
| ☐ Other | ☐ Other | ☐ Other | ☐ Other |
| **Was any obstacle involved?** | | | |
| ☐ Nil | ☐ Nil | ☐ Nil | ☐ Nil |
| ☐ Step | ☐ Step | ☐ Step | ☐ Step |
| ☐ Curb | ☐ Curb | ☐ Curb | ☐ Curb |
| ☐ Uneven path | ☐ Uneven path | ☐ Uneven path | ☐ Uneven path |
| ☐ Slippery surface | ☐ Slippery surface | ☐ Slippery surface | ☐ Slippery surface |
| ☐ Slippery object | ☐ Slippery object | ☐ Slippery object | ☐ Slippery object |