Falls diary

If you are falling over frequently use this diary to record each **fall or near-miss** even if you land against a wall or chair instead of on the ground. Complete this diary for 2 weeks and show it to your physiotherapist or GP.

Name: **Date started:**

Day and date	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	**Saturday**	**Sunday**
Did you fall today?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Where did you fall?	Kitchen ☐ Bathroom ☐ Bedroom ☐ Hall ☐ Lounge ☐ Other	Kitchen ☐ Bathroom ☐ Bedroom ☐ Hall ☐ Lounge ☐ Other	Kitchen ☐ Bathroom ☐ Bedroom ☐ Hall ☐ Lounge ☐ Other	Kitchen ☐ Bathroom ☐ Bedroom ☐ Hall ☐ Lounge ☐ Other	Kitchen ☐ Bathroom ☐ Bedroom ☐ Hall ☐ Lounge ☐ Other	Kitchen ☐ Bathroom ☐ Bedroom ☐ Hall ☐ Lounge ☐ Other	Kitchen ☐ Bathroom ☐ Bedroom ☐ Hall ☐ Lounge ☐ Other
What time?							
How did you fall? Write if you were dizzy, faint, breathless or any other symptoms.							
Were you injured?							
Did you get up by yourself?							
Any other comments?							

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