







## April 2019

Check box next to “Walk” on days you walked. Record minutes walked.

Check box next to “Exercise” on days you performed the Otago exercises. Record minutes of exercise.

Circle “Yes” next to “Fall” on days you had a fall (defined as “unintentionally coming to rest on the ground or other lower surface”).

If you did not fall that day, circle “No”.

	<b>1 Monday</b>	<b>2 Tuesday</b>	<b>3 Wednesday</b>	<b>4 Thursday</b>	<b>5 Friday</b>	<b>6 Saturday</b>
	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min <b>FALL: Yes No</b>	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min <b>FALL: Yes No</b>	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min <b>FALL: Yes No</b>	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min <b>FALL: Yes No</b>	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min <b>FALL: Yes No</b>	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min <b>FALL: Yes No</b>
<b>7 Sunday</b>	<b>8 Monday</b>	<b>9 Tuesday</b>	<b>10 Wednesday</b>	<b>11 Thursday</b>	<b>12 Friday</b>	<b>13 Saturday</b>
<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min <b>FALL: Yes No</b>	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min <b>FALL: Yes No</b>	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min <b>FALL: Yes No</b>	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min <b>FALL: Yes No</b>	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min <b>FALL: Yes No</b>	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min <b>FALL: Yes No</b>	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min <b>FALL: Yes No</b>
<b>14 Sunday</b>	<b>15 Monday</b>	<b>16 Tuesday</b>	<b>17 Wednesday</b>	<b>18 Thursday</b>	<b>19 Friday</b>	<b>20 Saturday</b>
<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min <b>FALL: Yes No</b>	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min <b>FALL: Yes No</b>	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min <b>FALL: Yes No</b>	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min <b>FALL: Yes No</b>	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min <b>FALL: Yes No</b>	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min <b>FALL: Yes No</b>	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min <b>FALL: Yes No</b>
<b>21 Sunday</b>	<b>22 Monday</b>	<b>23 Tuesday</b>	<b>24 Wednesday</b>	<b>25 Thursday</b>	<b>26 Friday</b>	<b>27 Saturday</b>
<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min <b>FALL: Yes No</b>	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min <b>FALL: Yes No</b>	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min <b>FALL: Yes No</b>	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min <b>FALL: Yes No</b>	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min <b>FALL: Yes No</b>	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min <b>FALL: Yes No</b>	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min <b>FALL: Yes No</b>
<b>28 Sunday</b>	<b>29 Monday</b>	<b>30 Tuesday</b>				
<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min <b>FALL: Yes No</b>	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min <b>FALL: Yes No</b>	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min <b>FALL: Yes No</b>				



## June 2019

Check box next to “Walk” on days you walked. Record minutes walked.

Check box next to “Exercise” on days you performed the Otago exercises. Record minutes of exercise.

Circle “Yes” next to “Fall” on days you had a fall (defined as “unintentionally coming to rest on the ground or other lower surface”). If you did not fall that day, circle “No”.

						<b>1 Saturday</b>
						<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: _____ min <b>FALL:</b> Yes No
<b>2 Sunday</b>	<b>3 Monday</b>	<b>4 Tuesday</b>	<b>5 Wednesday</b>	<b>6 Thursday</b>	<b>7 Friday</b>	<b>8 Saturday</b>
<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: _____ min <b>FALL:</b> Yes No	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: _____ min <b>FALL:</b> Yes No	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: _____ min <b>FALL:</b> Yes No	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: _____ min <b>FALL:</b> Yes No	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: _____ min <b>FALL:</b> Yes No	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: _____ min <b>FALL:</b> Yes No	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: _____ min <b>FALL:</b> Yes No
<b>9 Sunday</b>	<b>10 Monday</b>	<b>11 Tuesday</b>	<b>12 Wednesday</b>	<b>13 Thursday</b>	<b>14 Friday</b>	<b>15 Saturday</b>
<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: _____ min <b>FALL:</b> Yes No	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: _____ min <b>FALL:</b> Yes No	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: _____ min <b>FALL:</b> Yes No	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: _____ min <b>FALL:</b> Yes No	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: _____ min <b>FALL:</b> Yes No	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: _____ min <b>FALL:</b> Yes No	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: _____ min <b>FALL:</b> Yes No
<b>16 Sunday</b>	<b>17 Monday</b>	<b>18 Tuesday</b>	<b>19 Wednesday</b>	<b>20 Thursday</b>	<b>21 Friday</b>	<b>22 Saturday</b>
<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: _____ min <b>FALL:</b> Yes No	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: _____ min <b>FALL:</b> Yes No	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: _____ min <b>FALL:</b> Yes No	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: _____ min <b>FALL:</b> Yes No	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: _____ min <b>FALL:</b> Yes No	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: _____ min <b>FALL:</b> Yes No	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: _____ min <b>FALL:</b> Yes No
<b>23 Sunday</b>	<b>24 Monday</b>	<b>25 Tuesday</b>	<b>26 Wednesday</b>	<b>27 Thursday</b>	<b>28 Friday</b>	<b>29 Saturday</b>
<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: _____ min <b>FALL:</b> Yes No	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: _____ min <b>FALL:</b> Yes No	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: _____ min <b>FALL:</b> Yes No	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: _____ min <b>FALL:</b> Yes No	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: _____ min <b>FALL:</b> Yes No	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: _____ min <b>FALL:</b> Yes No	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: _____ min <b>FALL:</b> Yes No
<b>30 Sunday</b>						
<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: _____ min <b>FALL:</b> Yes No						

## July 2019

Check box next to “Walk” on days you walked. Record minutes walked.

Check box next to “Exercise” on days you performed the Otago exercises. Record minutes of exercise.

Circle “Yes” next to “Fall” on days you had a fall (defined as “unintentionally coming to rest on the ground or other lower surface”).

If you did not fall that day, circle “No”.

	<b>1 Monday</b>	<b>2 Tuesday</b>	<b>3 Wednesday</b>	<b>4 Thursday</b>	<b>5 Friday</b>	<b>6 Saturday</b>
	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min <b>FALL: Yes No</b>	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min <b>FALL: Yes No</b>	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min <b>FALL: Yes No</b>	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min <b>FALL: Yes No</b>	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min <b>FALL: Yes No</b>	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min <b>FALL: Yes No</b>
<b>7 Sunday</b>	<b>8 Monday</b>	<b>9 Tuesday</b>	<b>10 Wednesday</b>	<b>11 Thursday</b>	<b>12 Friday</b>	<b>13 Saturday</b>
<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min <b>FALL: Yes No</b>	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min <b>FALL: Yes No</b>	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min <b>FALL: Yes No</b>	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min <b>FALL: Yes No</b>	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min <b>FALL: Yes No</b>	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min <b>FALL: Yes No</b>	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min <b>FALL: Yes No</b>
<b>14 Sunday</b>	<b>15 Monday</b>	<b>16 Tuesday</b>	<b>17 Wednesday</b>	<b>18 Thursday</b>	<b>19 Friday</b>	<b>20 Saturday</b>
<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min <b>FALL: Yes No</b>	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min <b>FALL: Yes No</b>	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min <b>FALL: Yes No</b>	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min <b>FALL: Yes No</b>	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min <b>FALL: Yes No</b>	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min <b>FALL: Yes No</b>	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min <b>FALL: Yes No</b>
<b>21 Sunday</b>	<b>22 Monday</b>	<b>23 Tuesday</b>	<b>24 Wednesday</b>	<b>25 Thursday</b>	<b>26 Friday</b>	<b>27 Saturday</b>
<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min <b>FALL: Yes No</b>	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min <b>FALL: Yes No</b>	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min <b>FALL: Yes No</b>	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min <b>FALL: Yes No</b>	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min <b>FALL: Yes No</b>	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min <b>FALL: Yes No</b>	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min <b>FALL: Yes No</b>
<b>28 Sunday</b>	<b>29 Monday</b>	<b>30 Tuesday</b>	<b>31 Wednesday</b>			
<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min <b>FALL: Yes No</b>	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min <b>FALL: Yes No</b>	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min <b>FALL: Yes No</b>	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min <b>FALL: Yes No</b>			





## September 2019

Check box next to “Walk” on days you walked. Record minutes walked.

Check box next to “Exercise” on days you performed the Otago exercises. Record minutes of exercise.

Circle “Yes” next to “Fall” on days you had a fall (defined as “unintentionally coming to rest on the ground or other lower surface”).

If you did not fall that day, circle “No”.

1 Sunday	2 Monday	3 Tuesday	4 Wednesday	5 Thursday	6 Friday	7 Saturday
<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min <b>FALL: Yes No</b>	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min <b>FALL: Yes No</b>	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min <b>FALL: Yes No</b>	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min <b>FALL: Yes No</b>	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min <b>FALL: Yes No</b>	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min <b>FALL: Yes No</b>	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min <b>FALL: Yes No</b>
8 Sunday	9 Monday	10 Tuesday	11 Wednesday	12 Thursday	13 Friday	14 Saturday
<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min <b>FALL: Yes No</b>	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min <b>FALL: Yes No</b>	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min <b>FALL: Yes No</b>	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min <b>FALL: Yes No</b>	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min <b>FALL: Yes No</b>	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min <b>FALL: Yes No</b>	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min <b>FALL: Yes No</b>
15 Sunday	16 Monday	17 Tuesday	18 Wednesday	19 Thursday	20 Friday	21 Saturday
<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min <b>FALL: Yes No</b>	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min <b>FALL: Yes No</b>	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min <b>FALL: Yes No</b>	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min <b>FALL: Yes No</b>	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min <b>FALL: Yes No</b>	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min <b>FALL: Yes No</b>	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min <b>FALL: Yes No</b>
22 Sunday	23 Monday	24 Tuesday	25 Wednesday	26 Thursday	27 Friday	28 Saturday
<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min <b>FALL: Yes No</b>	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min <b>FALL: Yes No</b>	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min <b>FALL: Yes No</b>	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min <b>FALL: Yes No</b>	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min <b>FALL: Yes No</b>	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min <b>FALL: Yes No</b>	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min <b>FALL: Yes No</b>
29 Sunday	30 Monday					
<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min <b>FALL: Yes No</b>	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min <b>FALL: Yes No</b>					





## December 2019

Check box next to “Walk” on days you walked. Record minutes walked.  
 Check box next to “Exercise” on days you performed the Otago exercises. Record minutes of exercise.  
 Circle “Yes” next to “Fall” on days you had a fall (defined as “unintentionally coming to rest on the ground or other lower surface”).  
 If you did not fall that day, circle “No”.

1 Sunday	2 Monday	3 Tuesday	4 Wednesday	5 Thursday	6 Friday	7 Saturday
<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min <b>FALL:</b> Yes No	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min <b>FALL:</b> Yes No	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min <b>FALL:</b> Yes No	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min <b>FALL:</b> Yes No	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min <b>FALL:</b> Yes No	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min <b>FALL:</b> Yes No	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min <b>FALL:</b> Yes No
8 Sunday	9 Monday	10 Tuesday	11 Wednesday	12 Thursday	13 Friday	14 Saturday
<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min <b>FALL:</b> Yes No	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min <b>FALL:</b> Yes No	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min <b>FALL:</b> Yes No	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min <b>FALL:</b> Yes No	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min <b>FALL:</b> Yes No	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min <b>FALL:</b> Yes No	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min <b>FALL:</b> Yes No
15 Sunday	16 Monday	17 Tuesday	18 Wednesday	19 Thursday	20 Friday	21 Saturday
<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min <b>FALL:</b> Yes No	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min <b>FALL:</b> Yes No	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min <b>FALL:</b> Yes No	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min <b>FALL:</b> Yes No	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min <b>FALL:</b> Yes No	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min <b>FALL:</b> Yes No	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min <b>FALL:</b> Yes No
22 Sunday	23 Monday	24 Tuesday	25 Wednesday	26 Thursday	27 Friday	28 Saturday
<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min <b>FALL:</b> Yes No	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min <b>FALL:</b> Yes No	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min <b>FALL:</b> Yes No	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min <b>FALL:</b> Yes No	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min <b>FALL:</b> Yes No	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min <b>FALL:</b> Yes No	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min <b>FALL:</b> Yes No
29 Sunday	30 Monday	31 Tuesday				
<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min <b>FALL:</b> Yes No	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min <b>FALL:</b> Yes No	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min <b>FALL:</b> Yes No				