

July 2018

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 FALL: Yes No	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min FALL: Yes No	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min FALL: Yes No	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min FALL: Yes No	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min FALL: Yes No	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min FALL: Yes No	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min FALL: 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 FALL: Yes No	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min FALL: Yes No	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min FALL: Yes No	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min FALL: Yes No	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min FALL: Yes No	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min FALL: Yes No	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min FALL: 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 FALL: Yes No	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min FALL: Yes No	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min FALL: Yes No	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min FALL: Yes No	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min FALL: Yes No	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min FALL: Yes No	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min FALL: 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 FALL: Yes No	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min FALL: Yes No	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min FALL: Yes No	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min FALL: Yes No	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min FALL: Yes No	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min FALL: Yes No	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min FALL: Yes No
29 Sunday	30 Monday	31 Tuesday				
<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min FALL: Yes No	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min FALL: Yes No	<input type="checkbox"/> Walk: ___ min <input type="checkbox"/> Exercise: ___ min FALL: Yes No				

September 2018

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

October 2018

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

December 2018

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