

Appendix 4. Calendar sheet

PrAISED2 Study Calendar - please complete every day



August 2020

Participant ID: _____ Patient Participant Initials: _____

Day	Falls		PrAISED Exercises	
	Number of falls	If you had a fall, what happened?	Yes / No	Time in minutes
<i>example</i>	0	<i>n/a</i>	No	<i>n/a</i>
1, Sunday				
2, Monday				
3, Tuesday				
4, Wednesday				
5, Thursday				
6, Friday				
7, Saturday				
8, Sunday				
9, Monday				
10, Tuesday				
11, Wednesday				
12, Thursday				
13, Friday				
14, Saturday				
15, Sunday				
16, Monday				
17, Tuesday				
18, Wednesday				
19, Thursday				
20, Friday				
21, Saturday				
22, Sunday				
23, Monday				
24, Tuesday				
25, Wednesday				
26, Thursday				
27, Friday				
28, Saturday				
29, Sunday				
30, Monday				
31, Tuesday				

Monthly Service Use Questionnaire:

Please complete the short questionnaire below at the end of the month.

In the last month, have you had any A&E / Emergency Department attendances?

Yes No

If yes, how many?

If yes, please tell us what happened in Box 1.

In the last month, have you had any paid help (e.g. home carer, cleaner, sitting service)?

Yes No

If yes, how many hours?

In the last month, have you had any unpaid help (informal care from family and friends)?

Yes No

If yes, how many hours?

In the last month, have you had any nights in a care home / respite care?

Yes No

If yes, how many nights?

In the last month, have you had contact with a nurse of any kind?

Yes No

If yes, how many contacts?

In the last month, have you had contact with a GP?

Yes No

If yes, how many contacts?

If yes, please tell us what happened in Box 1.

Box 1. Injuries or symptoms during or following your exercises or activities			
Date	What happened?	Date	What happened?

If you need more space, please use the back of this sheet

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