

Week	Unaided / AFO / STIM	Mon	Tue	Wed	Thur	Fri	Sat	Sun
14	Unaided							
	STIM							
	AFO							
15	Unaided							
	STIM							
	AFO							
16	Unaided							
	STIM							
	AFO							
17	Unaided							
	STIM							
	AFO							
18	Unaided							
	STIM							
	AFO							
19	Unaided							
	STIM							
	AFO							

Falls Diary

As part of the assessment of your treatment we are asking you to record the number of times you fall while walking.

Please record the number of times you fall each day on the table. Do this by marking a line (/) for each fall. If you were not using any aid to correct your dropped foot, please place the (/) in the top box for each day. If you were using the stimulator (switched on!) when you fell, please mark the (/) in the middle box labelled STIM. If you were using an AFO or splint, please mark the (/) in the bottom box labelled AFO.

A fall is defined as losing your balance so that you come to rest on a lower surface. The lower surface can be the floor or an item of furniture such as a bed or chair.

If you save your self from falling by grabbing a near by object or another person, this also counts as a fall.

If you trip but save your self without assistance or without grabbing a near by object, this does not count as a fall.

Please bring this form with you to your next appointment.

Thank you for your assistance.