

Physical activity and falls diary (“Changing the Focus” study)

Your name: _____

Carer’s name (if applicable): _____

Instruction: This diary needs to be filled in by you or your carer **every week**.

1) Write the “new” physical activity program(s) that you take part in for the week in the first column. “New” physical activity programs are new programs you have commenced as a result of joining the study, including a change e.g. increasing time, intensity or frequency of your usual physical activities. You DO NOT need to record your usual physical activities if they are not changed.

2) Record the time spent in doing the new program(s) for the day.

3) Add the time for the week in the last column. The ultimate target is 150 minutes (includes new and usual physical activities) of physical activity each week and on most days of the week. Your research therapist can work out a time progression plan with you. Do not count the time for rest breaks in between the physical activities.

4) Record falls (if any) and/or any adverse events (if any) you have had while doing the physical activities and outside of physical activities.

Date your new physical activity program starts: _____(DD/MM/YYYY)

My goal for exercising is: _____

(Write the goal that you have set with the research therapist before the physical activity program starts)

Contact details for XXX (for support or questions):

- Mobile:
- Email:

**A fall is defined as inadvertently coming to rest on the ground, floor or other lower level, excluding intentional change in position to rest in furniture, wall or other objects.*

Week 1 (your name: _____)

Physical activity program name (Indicate only new or changed physical activities)	Mon (date: _____)	Tue	Wed	Thu	Fri	Sat	Sun	Total time for the week
1.	min	min	min	min	min	min	min	min
2.	min	min	min	min	min	min	min	min
3.	min	min	min	min	min	min	min	min
4.	min	min	min	min	min	min	min	min
5.	min	min	min	min	min	min	min	min
Any falls* while doing the exercises (yes/no)? If so, what were the circumstances and injuries (if any)?								
Any falls outside of the exercise time (yes/no)? If so, what were the circumstances and injuries (if any)?								
Any other adverse events (eg unusual pain) while doing the exercise (yes/no)? If so, what were the circumstances and injuries (if any)?								
Any other adverse events outside of the exercise time? If so, what were the circumstances and injuries (if any)?								

The total time for the week for all physical activities (add the time in the shaded area) is _____

Week 2 (your name: _____)

Physical activity program name (Indicate only new or changed physical activities)	Mon (date: _____)	Tue	Wed	Thu	Fri	Sat	Sun	Total time for the week
1.	min	min	min	min	min	min	min	min
2.	min	min	min	min	min	min	min	min
3.	min	min	min	min	min	min	min	min
4.	min	min	min	min	min	min	min	min
5.	min	min	min	min	min	min	min	min
Any falls* while doing the exercises (yes/no)? If so, what were the circumstances and injuries (if any)?								
Any falls outside of the exercise time (yes/no)? If so, what were the circumstances and injuries (if any)?								
Any other adverse events (eg unusual pain) while doing the exercise (yes/no)? If so, what were the circumstances and injuries (if any)?								
Any other adverse events outside of the exercise time? If so, what were the circumstances and injuries (if any)?								

The total time for the week for all physical activities (add the time in the shaded area) is _____

Week __ (your name:_____)

Physical activity program name (Indicate only new or changed physical activities)	Mon (date:_____)	Tue	Wed	Thu	Fri	Sat	Sun	Total time for the week
1.	min	min	min	min	min	min	min	min
2.	min	min	min	min	min	min	min	min
3.	min	min	min	min	min	min	min	min
4.	min	min	min	min	min	min	min	min
5.	min	min	min	min	min	min	min	min
Any falls* while doing the exercises (yes/no)? If so, what were the circumstances and injuries (if any)?								
Any falls outside of the exercise time (yes/no)? If so, what were the circumstances and injuries (if any)?								
Any other adverse events (eg unusual pain) while doing the exercise (yes/no)? If so, what were the circumstances and injuries (if any)?								
Any other adverse events outside of the exercise time? If so, what were the circumstances and injuries (if any)?								

The total time for the week for all physical activities (add the time in the shaded area) is _____