

# September 2012

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						1 <input type="radio"/> No fall <input type="radio"/> Yes, I fell
2 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	3 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	4 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	5 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	6 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	7 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	8 <input type="radio"/> No fall <input type="radio"/> Yes, I fell
9 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	10 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	11 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	12 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	13 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	14 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	15 <input type="radio"/> No fall <input type="radio"/> Yes, I fell
16 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	17 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	18 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	19 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	20 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	21 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	22 <input type="radio"/> No fall <input type="radio"/> Yes, I fell
23 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	24 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	25 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	26 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	27 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	28 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	29 <input type="radio"/> No fall <input type="radio"/> Yes, I fell
30 <input type="radio"/> No fall <input type="radio"/> Yes, I fell						

## Instructions:

At the **end of each day**, please fill in one circle for that date to indicate if you had a fall (*Yes, I fell*) or not (*No fall*).

Please mark "Yes, I fell" if you:

- Fell all the way to the floor or the ground, or
- Fell and hit an object like a chair or stair

At the **end of each month**, write your name, tear off the page for that month, and mail to WHI in the envelope provided. Before mailing, please review and make sure that each day has a mark indicating either *No fall* or *Yes, I fell*. Be sure to mail back the calendar page, even if you did not have any falls.

Thank you!

Name: \_\_\_\_\_

# October 2012

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

## Instructions:

At the **end of each day**, please fill in one circle for that date to indicate if you had a fall (*Yes, I fell*) or not (*No fall*).

Please mark "Yes, I fell" if you:

- Fell all the way to the floor or the ground, or
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Thank you!

Name: \_\_\_\_\_

# November 2012

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				1 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	2 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	3 <input type="radio"/> No fall <input type="radio"/> Yes, I fell
4 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	5 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	6 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	7 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	8 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	9 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	10 <input type="radio"/> No fall <input type="radio"/> Yes, I fell
11 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	12 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	13 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	14 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	15 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	16 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	17 <input type="radio"/> No fall <input type="radio"/> Yes, I fell
18 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	19 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	20 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	21 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	22 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	23 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	24 <input type="radio"/> No fall <input type="radio"/> Yes, I fell
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# December 2012

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
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2 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	3 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	4 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	5 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	6 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	7 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	8 <input type="radio"/> No fall <input type="radio"/> Yes, I fell
9 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	10 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	11 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	12 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	13 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	14 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	15 <input type="radio"/> No fall <input type="radio"/> Yes, I fell
16 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	17 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	18 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	19 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	20 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	21 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	22 <input type="radio"/> No fall <input type="radio"/> Yes, I fell
23 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	24 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	25 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	26 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	27 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	28 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	29 <input type="radio"/> No fall <input type="radio"/> Yes, I fell
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# January 2013

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	2 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	3 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	4 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	5 <input type="radio"/> No fall <input type="radio"/> Yes, I fell
6 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	7 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	8 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	9 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	10 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	11 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	12 <input type="radio"/> No fall <input type="radio"/> Yes, I fell
13 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	14 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	15 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	16 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	17 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	18 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	19 <input type="radio"/> No fall <input type="radio"/> Yes, I fell
20 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	21 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	22 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	23 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	24 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	25 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	26 <input type="radio"/> No fall <input type="radio"/> Yes, I fell
27 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	28 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	29 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	30 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	31 <input type="radio"/> No fall <input type="radio"/> Yes, I fell		

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# February 2013

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					1 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	2 <input type="radio"/> No fall <input type="radio"/> Yes, I fell
3 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	4 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	5 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	6 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	7 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	8 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	9 <input type="radio"/> No fall <input type="radio"/> Yes, I fell
10 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	11 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	12 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	13 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	14 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	15 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	16 <input type="radio"/> No fall <input type="radio"/> Yes, I fell
17 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	18 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	19 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	20 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	21 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	22 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	23 <input type="radio"/> No fall <input type="radio"/> Yes, I fell
24 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	25 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	26 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	27 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	28 <input type="radio"/> No fall <input type="radio"/> Yes, I fell		

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# March 2013

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					1 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	2 <input type="radio"/> No fall <input type="radio"/> Yes, I fell
3 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	4 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	5 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	6 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	7 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	8 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	9 <input type="radio"/> No fall <input type="radio"/> Yes, I fell
10 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	11 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	12 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	13 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	14 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	15 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	16 <input type="radio"/> No fall <input type="radio"/> Yes, I fell
17 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	18 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	19 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	20 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	21 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	22 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	23 <input type="radio"/> No fall <input type="radio"/> Yes, I fell
24 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	25 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	26 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	27 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	28 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	29 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	30 <input type="radio"/> No fall <input type="radio"/> Yes, I fell
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Name: \_\_\_\_\_

# April 2013

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	<b>1</b> <input type="radio"/> No fall <input type="radio"/> Yes, I fell	<b>2</b> <input type="radio"/> No fall <input type="radio"/> Yes, I fell	<b>3</b> <input type="radio"/> No fall <input type="radio"/> Yes, I fell	<b>4</b> <input type="radio"/> No fall <input type="radio"/> Yes, I fell	<b>5</b> <input type="radio"/> No fall <input type="radio"/> Yes, I fell	<b>6</b> <input type="radio"/> No fall <input type="radio"/> Yes, I fell
<b>7</b> <input type="radio"/> No fall <input type="radio"/> Yes, I fell	<b>8</b> <input type="radio"/> No fall <input type="radio"/> Yes, I fell	<b>9</b> <input type="radio"/> No fall <input type="radio"/> Yes, I fell	<b>10</b> <input type="radio"/> No fall <input type="radio"/> Yes, I fell	<b>11</b> <input type="radio"/> No fall <input type="radio"/> Yes, I fell	<b>12</b> <input type="radio"/> No fall <input type="radio"/> Yes, I fell	<b>13</b> <input type="radio"/> No fall <input type="radio"/> Yes, I fell
<b>14</b> <input type="radio"/> No fall <input type="radio"/> Yes, I fell	<b>15</b> <input type="radio"/> No fall <input type="radio"/> Yes, I fell	<b>16</b> <input type="radio"/> No fall <input type="radio"/> Yes, I fell	<b>17</b> <input type="radio"/> No fall <input type="radio"/> Yes, I fell	<b>18</b> <input type="radio"/> No fall <input type="radio"/> Yes, I fell	<b>19</b> <input type="radio"/> No fall <input type="radio"/> Yes, I fell	<b>20</b> <input type="radio"/> No fall <input type="radio"/> Yes, I fell
<b>21</b> <input type="radio"/> No fall <input type="radio"/> Yes, I fell	<b>22</b> <input type="radio"/> No fall <input type="radio"/> Yes, I fell	<b>23</b> <input type="radio"/> No fall <input type="radio"/> Yes, I fell	<b>24</b> <input type="radio"/> No fall <input type="radio"/> Yes, I fell	<b>25</b> <input type="radio"/> No fall <input type="radio"/> Yes, I fell	<b>26</b> <input type="radio"/> No fall <input type="radio"/> Yes, I fell	<b>27</b> <input type="radio"/> No fall <input type="radio"/> Yes, I fell
<b>28</b> <input type="radio"/> No fall <input type="radio"/> Yes, I fell	<b>29</b> <input type="radio"/> No fall <input type="radio"/> Yes, I fell	<b>30</b> <input type="radio"/> No fall <input type="radio"/> Yes, I fell				

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Name: \_\_\_\_\_

# May 2013

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			1 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	2 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	3 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	4 <input type="radio"/> No fall <input type="radio"/> Yes, I fell
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26 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	27 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	28 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	29 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	30 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	31 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	

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# June 2013

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2 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	3 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	4 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	5 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	6 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	7 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	8 <input type="radio"/> No fall <input type="radio"/> Yes, I fell
9 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	10 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	11 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	12 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	13 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	14 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	15 <input type="radio"/> No fall <input type="radio"/> Yes, I fell
16 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	17 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	18 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	19 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	20 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	21 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	22 <input type="radio"/> No fall <input type="radio"/> Yes, I fell
23 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	24 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	25 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	26 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	27 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	28 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	29 <input type="radio"/> No fall <input type="radio"/> Yes, I fell
30 <input type="radio"/> No fall <input type="radio"/> Yes, I fell						

## Instructions:

At the **end of each day**, please fill in one circle for that date to indicate if you had a fall (*Yes, I fell*) or not (*No fall*).

Please mark "Yes, I fell" if you:

- Fell all the way to the floor or the ground, or
- Fell and hit an object like a chair or stair

At the **end of each month**, write your name, tear off the page for that month, and mail to WHI in the envelope provided. Before mailing, please review and make sure that each day has a mark indicating either *No fall* or *Yes, I fell*. Be sure to mail back the calendar page, even if you did not have any falls.

Thank you!

Name: \_\_\_\_\_

# July 2013

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	2 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	3 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	4 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	5 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	6 <input type="radio"/> No fall <input type="radio"/> Yes, I fell
7 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	8 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	9 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	10 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	11 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	12 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	13 <input type="radio"/> No fall <input type="radio"/> Yes, I fell
14 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	15 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	16 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	17 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	18 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	19 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	20 <input type="radio"/> No fall <input type="radio"/> Yes, I fell
21 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	22 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	23 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	24 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	25 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	26 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	27 <input type="radio"/> No fall <input type="radio"/> Yes, I fell
28 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	29 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	30 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	31 <input type="radio"/> No fall <input type="radio"/> Yes, I fell			

## Instructions:

At the **end of each day**, please fill in one circle for that date to indicate if you had a fall (*Yes, I fell*) or not (*No fall*).

Please mark "Yes, I fell" if you:

- Fell all the way to the floor or the ground, or
- Fell and hit an object like a chair or stair

At the **end of each month**, write your name, tear off the page for that month, and mail to WHI in the envelope provided. Before mailing, please review and make sure that each day has a mark indicating either *No fall* or *Yes, I fell*. Be sure to mail back the calendar page, even if you did not have any falls.

Thank you!

Name: \_\_\_\_\_

# August 2013

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				1 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	2 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	3 <input type="radio"/> No fall <input type="radio"/> Yes, I fell
4 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	5 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	6 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	7 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	8 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	9 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	10 <input type="radio"/> No fall <input type="radio"/> Yes, I fell
11 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	12 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	13 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	14 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	15 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	16 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	17 <input type="radio"/> No fall <input type="radio"/> Yes, I fell
18 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	19 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	20 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	21 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	22 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	23 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	24 <input type="radio"/> No fall <input type="radio"/> Yes, I fell
25 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	26 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	27 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	28 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	29 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	30 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	31 <input type="radio"/> No fall <input type="radio"/> Yes, I fell

## Instructions:

At the **end of each day**, please fill in one circle for that date to indicate if you had a fall (*Yes, I fell*) or not (*No fall*).

Please mark "Yes, I fell" if you:

- Fell all the way to the floor or the ground, or
- Fell and hit an object like a chair or stair

At the **end of each month**, write your name, tear off the page for that month, and mail to WHI in the envelope provided. Before mailing, please review and make sure that each day has a mark indicating either *No fall* or *Yes, I fell*. Be sure to mail back the calendar page, even if you did not have any falls.

Thank you!

Name: \_\_\_\_\_

# September 2013

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>1</b> <input type="radio"/> No fall <input type="radio"/> Yes, I fell	<b>2</b> <input type="radio"/> No fall <input type="radio"/> Yes, I fell	<b>3</b> <input type="radio"/> No fall <input type="radio"/> Yes, I fell	<b>4</b> <input type="radio"/> No fall <input type="radio"/> Yes, I fell	<b>5</b> <input type="radio"/> No fall <input type="radio"/> Yes, I fell	<b>6</b> <input type="radio"/> No fall <input type="radio"/> Yes, I fell	<b>7</b> <input type="radio"/> No fall <input type="radio"/> Yes, I fell
<b>8</b> <input type="radio"/> No fall <input type="radio"/> Yes, I fell	<b>9</b> <input type="radio"/> No fall <input type="radio"/> Yes, I fell	<b>10</b> <input type="radio"/> No fall <input type="radio"/> Yes, I fell	<b>11</b> <input type="radio"/> No fall <input type="radio"/> Yes, I fell	<b>12</b> <input type="radio"/> No fall <input type="radio"/> Yes, I fell	<b>13</b> <input type="radio"/> No fall <input type="radio"/> Yes, I fell	<b>14</b> <input type="radio"/> No fall <input type="radio"/> Yes, I fell
<b>15</b> <input type="radio"/> No fall <input type="radio"/> Yes, I fell	<b>16</b> <input type="radio"/> No fall <input type="radio"/> Yes, I fell	<b>17</b> <input type="radio"/> No fall <input type="radio"/> Yes, I fell	<b>18</b> <input type="radio"/> No fall <input type="radio"/> Yes, I fell	<b>19</b> <input type="radio"/> No fall <input type="radio"/> Yes, I fell	<b>20</b> <input type="radio"/> No fall <input type="radio"/> Yes, I fell	<b>21</b> <input type="radio"/> No fall <input type="radio"/> Yes, I fell
<b>22</b> <input type="radio"/> No fall <input type="radio"/> Yes, I fell	<b>23</b> <input type="radio"/> No fall <input type="radio"/> Yes, I fell	<b>24</b> <input type="radio"/> No fall <input type="radio"/> Yes, I fell	<b>25</b> <input type="radio"/> No fall <input type="radio"/> Yes, I fell	<b>26</b> <input type="radio"/> No fall <input type="radio"/> Yes, I fell	<b>27</b> <input type="radio"/> No fall <input type="radio"/> Yes, I fell	<b>28</b> <input type="radio"/> No fall <input type="radio"/> Yes, I fell
<b>29</b> <input type="radio"/> No fall <input type="radio"/> Yes, I fell	<b>30</b> <input type="radio"/> No fall <input type="radio"/> Yes, I fell					

## Instructions:

At the **end of each day**, please fill in one circle for that date to indicate if you had a fall (*Yes, I fell*) or not (*No fall*).

Please mark "Yes, I fell" if you:

- Fell all the way to the floor or the ground, or
- Fell and hit an object like a chair or stair

At the **end of each month**, write your name, tear off the page for that month, and mail to WHI in the envelope provided. Before mailing, please review and make sure that each day has a mark indicating either *No fall* or *Yes, I fell*. Be sure to mail back the calendar page, even if you did not have any falls.

Thank you!

Name: \_\_\_\_\_

# October 2013

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	2 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	3 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	4 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	5 <input type="radio"/> No fall <input type="radio"/> Yes, I fell
6 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	7 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	8 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	9 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	10 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	11 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	12 <input type="radio"/> No fall <input type="radio"/> Yes, I fell
13 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	14 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	15 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	16 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	17 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	18 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	19 <input type="radio"/> No fall <input type="radio"/> Yes, I fell
20 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	21 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	22 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	23 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	24 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	25 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	26 <input type="radio"/> No fall <input type="radio"/> Yes, I fell
27 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	28 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	29 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	30 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	31 <input type="radio"/> No fall <input type="radio"/> Yes, I fell		

## Instructions:

At the **end of each day**, please fill in one circle for that date to indicate if you had a fall (*Yes, I fell*) or not (*No fall*).

Please mark "Yes, I fell" if you:

- Fell all the way to the floor or the ground, or
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At the **end of each month**, write your name, tear off the page for that month, and mail to WHI in the envelope provided. Before mailing, please review and make sure that each day has a mark indicating either *No fall* or *Yes, I fell*. Be sure to mail back the calendar page, even if you did not have any falls.

Thank you!

Name: \_\_\_\_\_

# November 2013

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					1 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	2 <input type="radio"/> No fall <input type="radio"/> Yes, I fell
3 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	4 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	5 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	6 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	7 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	8 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	9 <input type="radio"/> No fall <input type="radio"/> Yes, I fell
10 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	11 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	12 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	13 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	14 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	15 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	16 <input type="radio"/> No fall <input type="radio"/> Yes, I fell
17 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	18 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	19 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	20 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	21 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	22 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	23 <input type="radio"/> No fall <input type="radio"/> Yes, I fell
24 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	25 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	26 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	27 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	28 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	29 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	30 <input type="radio"/> No fall <input type="radio"/> Yes, I fell

## Instructions:

At the **end of each day**, please fill in one circle for that date to indicate if you had a fall (*Yes, I fell*) or not (*No fall*).

Please mark "Yes, I fell" if you:

- Fell all the way to the floor or the ground, or
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Thank you!

Name: \_\_\_\_\_

# December 2013

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

## Instructions:

At the **end of each day**, please fill in one circle for that date to indicate if you had a fall (*Yes, I fell*) or not (*No fall*).

Please mark "Yes, I fell" if you:

- Fell all the way to the floor or the ground, or
- Fell and hit an object like a chair or stair

At the **end of each month**, write your name, tear off the page for that month, and mail to WHI in the envelope provided. Before mailing, please review and make sure that each day has a mark indicating either *No fall* or *Yes, I fell*. Be sure to mail back the calendar page, even if you did not have any falls.

Thank you!

Name: \_\_\_\_\_

# January 2014

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	2 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	3 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	4 <input type="radio"/> No fall <input type="radio"/> Yes, I fell
5 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	6 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	7 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	8 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	9 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	10 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	11 <input type="radio"/> No fall <input type="radio"/> Yes, I fell
12 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	13 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	14 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	15 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	16 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	17 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	18 <input type="radio"/> No fall <input type="radio"/> Yes, I fell
19 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	20 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	21 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	22 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	23 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	24 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	25 <input type="radio"/> No fall <input type="radio"/> Yes, I fell
26 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	27 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	28 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	29 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	30 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	31 <input type="radio"/> No fall <input type="radio"/> Yes, I fell	

## Instructions:

At the **end of each day**, please fill in one circle for that date to indicate if you had a fall (*Yes, I fell*) or not (*No fall*).

Please mark "Yes, I fell" if you:

- Fell all the way to the floor or the ground, or
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At the **end of each month**, write your name, tear off the page for that month, and mail to WHI in the envelope provided. Before mailing, please review and make sure that each day has a mark indicating either *No fall* or *Yes, I fell*. Be sure to mail back the calendar page, even if you did not have any falls.

Thank you!

Name: \_\_\_\_\_

# February 2014

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						1  <input type="radio"/> No fall <input type="radio"/> Yes, I fell
2  <input type="radio"/> No fall <input type="radio"/> Yes, I fell	3  <input type="radio"/> No fall <input type="radio"/> Yes, I fell	4  <input type="radio"/> No fall <input type="radio"/> Yes, I fell	5  <input type="radio"/> No fall <input type="radio"/> Yes, I fell	6  <input type="radio"/> No fall <input type="radio"/> Yes, I fell	7  <input type="radio"/> No fall <input type="radio"/> Yes, I fell	8  <input type="radio"/> No fall <input type="radio"/> Yes, I fell
9  <input type="radio"/> No fall <input type="radio"/> Yes, I fell	10  <input type="radio"/> No fall <input type="radio"/> Yes, I fell	11  <input type="radio"/> No fall <input type="radio"/> Yes, I fell	12  <input type="radio"/> No fall <input type="radio"/> Yes, I fell	13  <input type="radio"/> No fall <input type="radio"/> Yes, I fell	14  <input type="radio"/> No fall <input type="radio"/> Yes, I fell	15  <input type="radio"/> No fall <input type="radio"/> Yes, I fell
16  <input type="radio"/> No fall <input type="radio"/> Yes, I fell	17  <input type="radio"/> No fall <input type="radio"/> Yes, I fell	18  <input type="radio"/> No fall <input type="radio"/> Yes, I fell	19  <input type="radio"/> No fall <input type="radio"/> Yes, I fell	20  <input type="radio"/> No fall <input type="radio"/> Yes, I fell	21  <input type="radio"/> No fall <input type="radio"/> Yes, I fell	22  <input type="radio"/> No fall <input type="radio"/> Yes, I fell
23  <input type="radio"/> No fall <input type="radio"/> Yes, I fell	24  <input type="radio"/> No fall <input type="radio"/> Yes, I fell	25  <input type="radio"/> No fall <input type="radio"/> Yes, I fell	26  <input type="radio"/> No fall <input type="radio"/> Yes, I fell	27  <input type="radio"/> No fall <input type="radio"/> Yes, I fell	28  <input type="radio"/> No fall <input type="radio"/> Yes, I fell	

## Instructions:

At the **end of each day**, please fill in one circle for that date to indicate if you had a fall (*Yes, I fell*) or not (*No fall*).

Please mark "Yes, I fell" if you:

- Fell all the way to the floor or the ground, or
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Thank you!

Name: \_\_\_\_\_