

☐ 6M ☐ 12M

Subject ID:
Centre Patient ID

Visit Date:
y y y y m m d d

6 and 12 Month Follow Up Information Form

1. Interviewer's Initials:

2. Patient address and contact phone number same as data on personal information form?:
(If new address and/or phone number, make change on personal information form and date)

☐ Yes

☐ No

3. Family/friend contact information same as data on personal information form?:
(If new information, make change on personal information form and date)

☐ Yes

☐ No

4. Any change in health/functional status since last evaluation?:

☐ Yes

☐ No

Comments:

5. Any change in medications since last evaluation?:
(*Interviewer compares meds to those on participant's baseline/6 month evaluation form)

☐ Yes

☐ No

Comments: _____

6. Any change in living situation since last evaluation?:

☐ Yes

☐ No

Comments: _____

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yyyy mm dd

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9. Any falls since last evaluation?: ☐ Yes ☐ No

Number of falls:

If appropriate, list date(s) and reason(s) for falls:

yyyy mm dd

Reasons: _____

yyyy mm dd

Reasons: _____

yyyy mm dd

Reasons: _____

10. Any formal therapy received since last evaluation?: ☐ Yes ☐ No

(If appropriate list type of therapy/frequency/duration):

Type of therapy: _____ Duration: _____

Type of therapy: _____ Duration: _____

Type of therapy: _____ Duration: _____

11. Participation in any formal exercise/rehabilitation study since last evaluation?: ☐ Yes ☐ No

Comments: _____

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yyyy mm dd

6 and 12 Month Step Activity Monitor Form

Evaluator's Initials:

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Note: Data obtained from the accelerometers that the participant wears for a 4 day period either before or after the 6 month and 12 month evaluation

Total number of steps:

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 Day 1

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 Day 2

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 Day 3

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 Day 4

Energy Expenditure:

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 Day 1

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 Day 2

--	--

 Day 3

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 Day 4