

Number of Times Walking Aid Dropped Form

Full Name: _____ Date: __/__/__

Instructions: Please tally how many times you drop your walking aid over the course of your inpatient stay in the 'total' row under each day.

Please hang up on patient board as a reminder

Week 1	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Total							
Week 2	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Total							
Week 3	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Total							