Resident Name	e:	
(	(Black out or erase after completion,	ID check)

Form Approved

OMB No. 0935-XXXX

Exp. Date XX/XX/2010

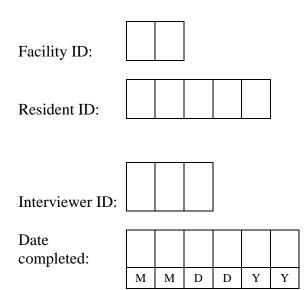


## **Collaborative Studies of Long-Term Care:**

## **Falls Prevention Program in Assisted Living**

## D. Chart Abstract (ABS)

7-31-2007



Developed / adapted for the Collaborative Studies of Long-Term Care Cecil G. Sheps Center for Health Services Research University of North Carolina at Chapel Hill Do not use without permission

Public reporting burden for this collection of information is estimated to average 15 minutes per response, the estimated time required to complete the survey. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: AHRQ Reports Clearance Officer Attention: PRA, Paperwork Reduction Project (0935-XXXX) AHRQ, 540 Gaither Road, Room # 5036, Rockville, MD 20850.

1. Date resident admitted to facility?	Month	Day	Year	
2. Resident date of birth?	Month	Day	Year	
Complete questions 3-7 for residents	s unable to provi	de the information i	themselves [proxy consent].	
3. What is the resident's highest level	l of education	☐₁ Junior High or Middle School		
completed?		□₂ Some high school		
		□₃ High scho	ol grad or GED	
		□₃ 2-year col	lege or associate's degree	
		□₄ Some coll	ege (no degree)	
		□₅ 4-year col	lege degree or higher	
4. Is the resident Hispanic or Latino/l	Latina?	□2 No □1 Ye	es	
5. What is the resident's race? Please select one or more?		☐ı American Indian or Alaska Native		
more:		□₂ Asian		
[record all that the respondent identifies with; code 7 for don't know; 8 for refusal]		☐₃ Native Hawaiian or Other Pacific Island		
		☐4 Black or African American		
		□5 White		
6. What is the resident's gender?		□₁ Male		
		□2 Female		
7. What is the resident's marital status?		□₁ Never Ma	rried	
		□₂ Married		
		□3 Widowed		
		□₄ Separated	d	
		1		