

Resident Name: _____
(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

Facility ID:

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Resident ID:

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Interviewer ID:

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Date completed:

M	M	D	D	Y	Y

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
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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.

I. Resident Demographic Information

1. Date resident admitted to facility?	____	____	____	____
	Month	Day	Year	
2. Resident date of birth?	____	____	____	____
	Month	Day	Year	

Complete questions 3-7 for residents unable to provide the information themselves [proxy consent].

3. What is the resident's highest level of education completed?	<input type="checkbox"/> ₁ Junior High or Middle School
	<input type="checkbox"/> ₂ Some high school
	<input type="checkbox"/> ₃ High school grad or GED
	<input type="checkbox"/> ₃ 2-year college or associate's degree
	<input type="checkbox"/> ₄ Some college (no degree)
	<input type="checkbox"/> ₅ 4-year college degree or higher
4. Is the resident Hispanic or Latino/Latina?	<input type="checkbox"/> ₂ No <input type="checkbox"/> ₁ Yes
5. What is the resident's race? Please select one or more? <i>[record all that the respondent identifies with; code 7 for don't know; 8 for refusal]</i>	<input type="checkbox"/> ₁ American Indian or Alaska Native
	<input type="checkbox"/> ₂ Asian
	<input type="checkbox"/> ₃ Native Hawaiian or Other Pacific Islander
	<input type="checkbox"/> ₄ Black or African American
	<input type="checkbox"/> ₅ White
6. What is the resident's gender?	<input type="checkbox"/> ₁ Male
	<input type="checkbox"/> ₂ Female
7. What is the resident's marital status?	<input type="checkbox"/> ₁ Never Married
	<input type="checkbox"/> ₂ Married
	<input type="checkbox"/> ₃ Widowed
	<input type="checkbox"/> ₄ Separated
	<input type="checkbox"/> ₅ Divorced