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Form Approved
OMB No. #####
Exp. Date: MM/DD/YYYY

Welcome to the Health and Stability Survey!

Thank you for agreeing to participate in our new AmeriSpeak survey! To thank you for sharing your opinions, we will give you a reward of 10 AmeriPoints after completing the survey. If you complete all of the Health and Stability Surveys including this survey, each monthly survey, and the final survey you will earn a bonus of 10 AmeriPoints. As always, your answers are confidential.

This survey will take about 20 to 30 minutes to complete. Please use the "Continue" and "Previous" buttons to

Start Survey

If you have any questions about the survey, you can call the NORC IRB Administrator toll-free at: 866-309-0542.

BURDEN STATEMENT

Warning! This is a United States Government Computer System, which may be accessed and used only for Official Government Business by authorized personnel.

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Thank you for agreeing to participate in our new AmeriSpeak survey! To thank you for sharing your opinions, we will give you a reward of AmeriPoints after completing the survey. As always, your answers are confidential.

Please use the "Continue" and "Previous" buttons to navigate between the questions within the questionnaire. Do not use your browser buttons.

[PREVIOUS](#) [CONTINUE](#)



For purposes of this survey, you will be asked a series of questions about your health with a particular focus on falls. If you have your Health and Stability Survey calendar and log nearby, it would be helpful to use that to complete the survey, but if it's not available, please report on what you can remember.

In this survey, a fall is being defined as an event that resulted in a person unintentionally coming to rest on the ground, floor, or other lower level. Please keep this definition in mind as you complete the survey.

[PREVIOUS](#) [CONTINUE](#)



Did you have any falls in the month of October?

- No falls
- One fall
- Two falls
- 3 or more falls
- Don't know

[PREVIOUS](#) [CONTINUE](#)



Please indicate the total number of falls:

[PREVIOUS](#)

[CONTINUE](#)



You indicated that you experienced three or more fall(s) in the month of October. Please specify the date for each of your falls.

| | | |
|--------------|-----------------------|-----------------------|
| First fall | Select an answer... ▼ | Select an answer... ▼ |
| Second fall | Select an answer... ▼ | Select an answer... ▼ |
| Third fall | Select an answer... ▼ | Select an answer... ▼ |
| Fourth fall | Select an answer... ▼ | Select an answer... ▼ |
| Fifth fall | Select an answer... ▼ | Select an answer... ▼ |
| Sixth fall | Select an answer... ▼ | Select an answer... ▼ |
| Seventh fall | Select an answer... ▼ | Select an answer... ▼ |
| Eighth fall | Select an answer... ▼ | Select an answer... ▼ |
| Ninth fall | Select an answer... ▼ | Select an answer... ▼ |
| Tenth fall | Select an answer... ▼ | Select an answer... ▼ |

PREVIOUS

CONTINUE



Now let's discuss the circumstances of your fall(s).

The questions will repeat for each fall you experienced within the time period specified.

[PREVIOUS](#) [CONTINUE](#)



Let's start with your first fall listed, which occurred on October 1 .

[PREVIOUS](#) [CONTINUE](#)



What was the time of day of your fall on October 1 ?

- Morning
- Afternoon
- Evening
- Overnight

PREVIOUS

CONTINUE



What was the location of your fall on October 1 (for example: in the bathroom)?

- Inside of home, please specify:
- Outside of home, please specify:
- In community, please specify:

[PREVIOUS](#) [CONTINUE](#)



What was the cause of your fall on October 1 ?

Please select all that apply.

- Trip
- Slip
- Loss of balance
- Knees gave way
- Fainted
- Feeling dizzy
- Feeling giddy
- Alcohol
- Medications
- Fell out of bed
- Pets
- Stairs
- Other, please specify:
- Unknown

[PREVIOUS](#) [CONTINUE](#)



Were you hurt or injured in the fall you experienced on October 1 ?

Yes, please describe any injuries resulting from the fall:

No

[PREVIOUS](#) [CONTINUE](#)



Did you receive medical care as a result of the fall you experienced on October 1 ?

- Yes
- No

[PREVIOUS](#) [CONTINUE](#)



What kind of care did you receive?

Please select all that apply.

- Doctor's visit
- Emergency Room (ER) visit
- Hospitalization

[PREVIOUS](#) [CONTINUE](#)



Thank you for participating. Please check back next month for your next follow-up Health and Stability Survey!

[PREVIOUS](#) [CONTINUE](#)



Thank you for your time today. To help us improve the experience of AmeriSpeak members like yourself, please give us feedback on this survey.

If you do not have any feedback for us today, please click "Continue" through to the end of the survey so we can make sure your opinions are counted and for you to receive your AmeriPoints reward.

Please rate this survey overall from 1 to 7 where 1 is Poor and 7 is Excellent.

- 1 - Poor
- 2
- 3
- 4
- 5
- 6
- 7 - Excellent

Did you experience any technical issues in completing this survey?

- Yes - please tell us more in the next question
- No

Do you have any general comments or feedback on this survey you would like to share? If you would like a response from us, please email support@AmeriSpeak.org or call (888) 326-9424.



Those are all the questions we have. You have earned a reward of AmeriPoints for completing the survey. If you have any questions at all for us, you can email us at support@amerispeak.org or call us toll-free at (888) 326-9424. Thank you for participating in our new AmeriSpeak survey!

You can close your browser window now if you wish or click Submit below to be redirected to the AmeriSpeak member website.

[PREVIOUS](#) [Submit](#)