OMB Control # 0920-XXXX
Expiration Date XX/XX/XXXX

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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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Access or use of this system, whether authorized or unauthorized, constitutes consent to these terms.

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. 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

Some of the terms in this survey may not be familiar to everyone. For these terms, we have included a blue ⓘ icon next to the word that provides additional information for you. You can hover your mouse on the blue ⓘ icon here to see an example.

PREVIOUS CONTINUE

Please remember these three words, you will be asked to recall them later: dog, apple, house

PREVIOUS CONTINUE

Are you deaf or do you have serious difficulty hearing?

- Yes
- No

PREVIOUS CONTINUE

Are you blind or do you have serious difficulty seeing, even when wearing glasses?

- Yes
- No

PREVIOUS CONTINUE

Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

- ○ Yes
- ○ No

PREVIOUS CONTINUE

Do you have serious difficulty walking or climbing stairs?

- Yes
- No

PREVIOUS CONTINUE

Do you have difficulty dressing or bathing?

- Yes
- No

PREVIOUS CONTINUE

Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

- ○ Yes
- ○ No

PREVIOUS CONTINUE

Do you ever need help with planning trips for errands?

- Never
- Rarely
- Sometimes
- Frequently
- Always

PREVIOUS CONTINUE

Do you ever need help remembering to take medications?

- Never
- Rarely
- Sometimes
- Frequently
- Always
- Not applicable, no medications taken regularly

PREVIOUS CONTINUE

For each of the following statements, please select a yes or no answer.

	Yes	No
I have fallen in the past year.	○	○
I use or have been advised to use a cane or walker to get around safely.	○	○
Sometimes I feel unsteady when I am walking.	○	○
I steady myself by holding onto furniture when walking at home.	○	○

PREVIOUS CONTINUE

For each of the following statements, please select a yes or no answer.

	Yes	No
I am worried about falling.	○	○
I need to push with my hands to stand up from a chair.	○	○
I have some trouble stepping onto a curb.	○	○
I often have to rush to the toilet.	○	○

PREVIOUS CONTINUE

For each of the following statements, please select a yes or no answer.

	Yes	No
I have lost some feeling in my feet.	○	○
I take medicines that sometimes make me feel light-headed or more tired than usual.	○	○
I take medicine to help me sleep or improve my mood.	○	○
I often feel sad or depressed.	○	○

PREVIOUS CONTINUE

Please share the three words shared earlier.

Word 1	
Word 2	
Word 3	

PREVIOUS CONTINUE

Do you experience any difficulties with walking?

- Yes
- No

PREVIOUS CONTINUE

Do you experience any difficulties with balance?

- ○ Yes
- ○ No

PREVIOUS CONTINUE

We would like to ask some questions about how concerned you are about the possibility of falling. Please reply thinking about how you usually do the activity. If you currently do not do the activity, please answer to show whether you think you would be concerned about falling if you did the activity.

For each of the following activities, please choose the response which is closest to your own opinion to show how concerned you are that you might fall if you did this activity.

	Not at all concerned	Somewhat concerned	Fairly concerned	Very concerned
Getting dressed or undressed	○	○	○	○
Taking a bath or shower	○	○	○	○
Getting in or out of a chair	○	○	○	○
Going up or down stairs	○	○	○	○

PREVIOUS CONTINUE

We would like to ask some questions about how concerned you are about the possibility of falling. Please reply thinking about how you usually do the activity. If you currently do not do the activity, please answer to show whether you think you would be concerned about falling if you did the activity.

For each of the following activities, please choose the response which is closest to your own opinion to show how concerned you are that you might fall if you did this activity.

	Not at all concerned	Somewhat concerned	Fairly concerned	Very concerned
Reaching for something above your head or on the ground	○	○	○	○
Walking up or down a slope	○	○	○	○
Going out to a social event (e.g. religious service, family gathering or club meeting)	○	○	○	○

PREVIOUS CONTINUE

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.

PREVIOUS CONTINUE

How many falls have you had in the past 12 months?

- No falls
- One fall
- Two falls
- Three or more falls

PREVIOUS CONTINUE

You indicated you had 3 or more falls in the past 12 months. How many falls have you had in total?

Select an answer... ▾

PREVIOUS CONTINUE

Please tell us 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

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

- Morning
- Afternoon
- Evening
- Overnight

PREVIOUS CONTINUE

What was the location of your fall on January 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 January 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

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

- ○ Yes
- ○ No

PREVIOUS CONTINUE

What kind of care did you receive?

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

PREVIOUS CONTINUE

Are you able to do the following activities without help?

	Yes	No
Bathing or showering	○	○
Dressing	○	○
Eating	○	○

PREVIOUS CONTINUE

Are you able to do the following activities without help?

	Yes	No
Getting in or out of bed or chairs	○	○
Walking	○	○
Using the toilet	○	○

PREVIOUS CONTINUE

Has your need for assistance with bathing or showering, dressing, eating, getting in or out of bed or chairs, walking, or using the toilet, changed since your most recent fall?

- ○ Yes
- ○ No

PREVIOUS CONTINUE

Are you able to do the following activities without help?

	Yes	No
Use the telephone	○	○
Go shopping	○	○
Prepare meals	○	○

PREVIOUS CONTINUE

Are you able to do the following activities without help?

	Yes	No
Light housework	○	○
Heavy housework	○	○
Manage money	○	○

PREVIOUS CONTINUE

Has your need for assistance with using the telephone, going shopping, preparing meals, housework, or managing money changed since your most recent fall?

- ○ Yes
- ○ No

PREVIOUS CONTINUE

Over the past 2 weeks, how often have you been bothered by any of the following problems?

Questions about this study? Need help? Check out the FAQ here

	Not at all	Several days	More than half the days	Every day
Little interest or pleasure in doing things	○	○	○	○
Feeling down, depressed or hopeless	○	○	○	○

Questions about this study? Need help? Check out the FAQ here

PREVIOUS CONTINUE

	Yes	No
Do you take either prescription or over-the-counter medicine to help you sleep?	○	○
Do you take over the counter medicine to help with pain?	○	○
Do you take prescription medicine to help with pain?	○	○
Do you take prescription medicine to help your mood or for sadness?	○	○
Do you take prescription medicine to help with anxiety or nervousness?	○	○
Do you take prescription medicine to help with seizures?	○	○

PREVIOUS CONTINUE

How many prescription medications are you currently taking?

Select an answer... ▾

PREVIOUS CONTINUE

Do you have any of the following chronic conditions?

	Yes	No
Arthritis	○	○
A respiratory condition	○	○
Parkinson's disease	○	○
Diabetes	○	○

PREVIOUS CONTINUE

Do you have any of the following chronic conditions?

	Yes	No
Dementia	○	○
Peripheral neuropathy ⓘ	○	○
A cardiac condition ⓘ	○	○
A chronic condition resulting from stroke	○	○

PREVIOUS CONTINUE

Do you have any of the following chronic conditions?

	Yes	No
Other neurological conditions	○	○
Lower limb amputation	○	○
Osteoporosis	○	○
Vestibular disorder	○	○

PREVIOUS CONTINUE

Do you have any of the following chronic conditions?

	Yes	No
Other dizziness	○	○
Chronic musculoskeletal pain (e.g., back pain)	○	○
Lower limb joint replacement	○	○
Other – please specify:	○	○

PREVIOUS CONTINUE

Do you have an uncorrected problem with your vision?

- ○ Yes
- ○ No

PREVIOUS CONTINUE

Do you have an uncorrected problem with your ability to feel pressure, pain, or warmth?

- Yes
- No

PREVIOUS CONTINUE

Do you have foot problems, such as corns, bunions, or swelling?

- Yes
- No

PREVIOUS CONTINUE

Do you often have to go to the bathroom 3 or more times at night?

- ○ Yes
- ○ No

PREVIOUS CONTINUE

In the past three months are you eating less?

- Yes
- No

PREVIOUS CONTINUE

Have you had weight loss in the last 3 to 12 months?

- None
- Minimal (< 2.2 pounds)
- Moderate (2.2-6.6 pounds)
- Marked (> 6.6 pounds)

PREVIOUS CONTINUE

During the last 12 months, how often did you usually have any kind of drink containing alcohol?

One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. A 40-ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.

- ○ Every day
- ○ 2 to 3 times a week
- ○ Once a week
- ○ 2 to 3 times a month
- ○ Once a month
- ○ 3 or 4 times in the past year
- ○ I did not drink any alcohol in the past year, but I did drink in the past
- ○ I never drank any alcohol in my life

PREVIOUS CONTINUE

During the past 12 months, on the days when you drank, about how many drinks did you drink on average?

One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. A 40-ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.

- ○ *1 to 3*
- ○ *4 to 7*
- ○ *8 to 11*
- ○ *12 to 15*
- ○ *16 or more*

PREVIOUS CONTINUE

Would you say that in general your health is...

- Excellent
- Very Good
- Good
- Fair
- Poor

PREVIOUS CONTINUE

Have you taken any classes offered by your doctor or community center that focus on physical activity or falls prevention?

- ○ Yes
- ○ No

PREVIOUS CONTINUE

What was the name of the class?

PREVIOUS CONTINUE

When did you take the class?

- ○ In the last month
- ○ In the last year
- ○ More than one year ago

PREVIOUS CONTINUE

Where was the class held?

- [ ] In my doctor's office
- [ ] A senior center
- [ ] A religious center
- [ ] Other community center
- [ ] Other – please specify:

PREVIOUS CONTINUE

This survey concludes your participation in the Health and Stability study. Thank you for your time and commitment.

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