

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

Public reporting burden of this collection of information is estimated to average 3 minutes per response, including the time for reviewing instructions and completing and reviewing the collection of information. An agency may not conduct or sponsor this survey, and a person is not required to respond to a collection of information, unless it displays a currently valid OMB Control Number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA 0920-XXXX.



John Doe gave your contact information in the event you could provide some information on how they are doing. They are part of a national survey to understand fall risk for older adults. We will keep all of your answers confidential. To thank you for your participation, we will give you a reward of \$2 after completing the survey.

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

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



When was your last contact with John Doe?

- Today
- Yesterday
- Other, please specify:

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



We have been unable to reach John Doe for our monthly follow-up interview. It is possible he or she may have decided not to participate, but it is also possible he or she is unable to participate at this time. Do you know why John Doe is unable to participate in the Health and Stability Survey at this time?

- Moved
- Illness
- Hospitalized for a fall
- Hospitalized for other reason
- Died
- Busy/unavailable
- Other, please specify:
- Don't know

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



We are very sorry for your loss. You may know that John was participating in our study and we hope to collect some last information from you on their behalf. You may click continue at any time if you wish to continue the survey.

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



For purposes of this survey, you will be asked a series of questions about John Doe's 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](#)



How many falls has John Doe had between October 1 to October 31?

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

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



Please indicate the total number of falls John Doe had between October 1 to October 31:

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



You indicated that John Doe experienced three or more fall(s) between October 1 to October 31. Please specify the date for each fall, if known.

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](#)



You will now be asked some questions about the circumstances of John Doe's fall(s).

These questions will repeat for each fall John Doe experienced within the time period specified.

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



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

- Morning
- Afternoon
- Evening
- Overnight
- Don't know

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



What was the location of their fall (for example: in the bathroom)?

Inside of home, please specify:

Outside of home, please specify:

In community, please specify:

[PREVIOUS](#)

[CONTINUE](#)



What was the direction of their fall?

Please select all that apply

- His or her left
- His or her right
- Forward
- Backward
- Can't remember

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



What was the cause of their fall?

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](#)



Was John Doe hurt or injured in the fall he/she experienced on October 1?

- Yes, please describe any injuries resulting from the fall:
- No
- Don't know

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



Was John Doe in need of medical care as a result of his/her fall on October 1?

- Yes
- No
- Don't know

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



Please select the type of medical care John Doe received as a result of his/her fall on October 1:

Please select all that apply.

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

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



Thank you for answering our questions. Before we complete the interview, we will need to confirm your mailing address.

Here is the address we have for your household. In order to send you your \$2 incentive for completing this survey we will need to confirm your mailing address.

Please review the mailing address below and correct it if necessary

123 Main Street

Anytown, Illinois 00000

- Yes, this is my residential address
- No, my residential address is different

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



Please review the mailing address below and correct it if necessary.

Street Address 1

123 Main Street

Street Address 2

0

City

Anytown

State

Illinois ▼

Zip Code

00000

PREVIOUS CONTINUE



Thank you for taking the time to answer these questions today on behalf of John Doe. 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 AmeriSpeak survey!

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