

Form Approved

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INTRO\_1. This survey is for [FILL NAME]. Please confirm that you are this person.

01 I am this person [continue to intro\_2]

02 I am NOT this person [continue to SCREEN\_EXIT]

#### SCREEN\_EXIT

This survey can only be completed by [FILL NAME]. Thank you. [EXIT SURVEY]

INTRO\_2. Welcome to the Patient Falls Survey. We appreciate your help with this important study. Your participation is voluntary. You can refuse to answer a question or stop the survey at any time, and all information you provide is confidential, and will only be used for the purposes of this study.

**Q1\_INTRO.** 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.

Q1. In the past 12 months, how many times have you fallen?

\_\_\_\_\_ Number of falls

*If 0, go to Q3. Else go to Q2.*

Q2. How many of these falls caused an injury? By an injury, we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor.

\_\_\_\_\_ Number of falls causing injury

Recently you visited your Emory provider and participated in a falls risk screening. Our records indicate that visit took place on XX/XX/XXXX. Please answer the following questions, thinking about your life in the 12 months before that visit.





<b>In the 12 months <u>before</u> the Emory visit:</b>	1 Yes	2 No	77 Don't know	99 Prefer not to Answer
<b>Q15.</b> Did you have your vision tested?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Q16.</b> Did you visit a foot doctor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Q17.</b> Did you see a mental health professional, such as a therapist, counselor, or psychiatrist?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Q18.</b> Did you make any changes to your home to help prevent falls?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Q19.</b> Did you have any physical or occupational therapy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Q20.</b> Did you have a balance disorder or other condition that caused you to feel unsteady or dizzy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Q21.</b> Did you speak with a health care provider about preventing falls?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	1 Tai Chi	2 Matter of Balance	3 Other Exercise	77 Don't know	99 Prefer not to Answer
<b>Q22.</b> In the 12 months <u>before</u> the Emory visit, did you participate in any of the following exercise programs: Tai Chi, Matter of Balance, or some other exercise?	<input type="checkbox"/>				

**In the 12 months before the Emory visit, did you take:**      1 Yes      2 No      77 Don't      99



**Q33.** Did you use marijuana in the **last 30 days**?

			99
		77 Don't	Prefer
1 Yes	2 No	know	not to
			Answer
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q34.** Over the past month, how many times did you most typically get up to urinate from the time you went to bed at night until the time you got up in the morning?

							99
						77 Don't	Prefer
0	1	2	3	4	5	Know	not to
							Answer
<input type="checkbox"/>							

**Q35.** What is your ethnicity?

- 01 Hispanic or Latino
- 02 Not Hispanic or Latino

**Q36.** What is your race? Select one or more.

- 01 American Indian or Alaska Native
- 02 Asian
- 03 Black or African American
- 04 Native Hawaiian or Other Pacific Islander
- 05 White

**TOKEN.** Those are all the questions. Thank you for taking the time to participate today. You will be contacted again in approximately three months to answer follow-up questions about your experience with falls. Please remember to track your survey participation and falls in your falls tracking log, which was provided to you by your medical provider. If you don't have the falls tracking log, you can use any calendar. Tracking this information will make it easier to answer the questions in the follow-up survey.

As a token of our appreciation, we will send you postage stamps valued at \$3.

Please confirm that your mailing address is:

**[FILL NAME AND MAILING ADDRESS FROM SAMPLE FILE]**

- 01 My address is correct. **[Go to Q35]**
- 02 My address is NOT correct. **[go to TOKENADD]**
- 03 Please do NOT send stamps. **[Go to Q35]**

**TOKENADD.**

Please enter your mailing address.

FIRST AND LAST NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_  
STATE \_\_\_\_\_  
ZIP CODE \_\_\_\_\_  
[GO TO Q35]

Q35. How would you like to be contacted to complete the follow-up survey?

1. I prefer to complete the survey on the internet [GO TO Q35E]
2. I prefer to complete a paper survey and mail it back  
[if TOKEN=03 GO TO Q35A. Else go to thank you screen]
3. I prefer for someone to call me so I can complete the survey over the phone [GO TO Q35P]

Q35E. Please provide an email address where we may contact you.

\_\_\_\_\_

**[Go to thank you screen]**

Q35A. Please confirm that your mailing address is:  
**[FILL NAME AND MAILING ADDRESS FROM SAMPLE FILE]**

- 01 My address is correct. **[Go to thank you screen]**
- 02 My address is NOT correct. **[go to Q35ADD]**
- 03 Please do NOT send a gift card. **[Go to thank you screen]**

**Q35ADD**

Please enter your mailing address.

FIRST AND LAST NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_  
STATE \_\_\_\_\_  
ZIP CODE \_\_\_\_\_

**[Go to thank you screen]**

Q35P. Please provide a telephone number, including area code, where an interviewer can reach you.

\_\_\_\_-\_\_\_\_-\_\_\_\_

**[Go to thank you screen]**

**[thank you screen]**

Thank you for participating! If you have any questions, you can contact the study team at xxxx@norc.org