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.
_	ow many of these falls caused an injury? By an injury, we mean the fall caused you to limit your regular activities or 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 <u>before</u> that visit.

Q3. In gene	eral, would	l you say th	at your l	health wa	ıs:			
1 Excellen t	2 Very Good	3 Goo	d 4 F	air 5	Poor	77 Don't Know	99 Prefer not to Answer	
		s <u>before</u> the id were you	_		a scale o	of 1 to 5, wh	nere 1 mea	ns "not at all afraid" and 5 means "very
1 Not at all Afraid	2	3	4	5 Very Afraid	77 Don't Know			
"most i 1 Not at all			_		compar			ns "not at all important" and 5 means alth concerns?
Important				Impor	tant	Know	Answer	
Important				Impor	tant]	Know	Answer	
Q6. In the		s <u>before</u> the	e Emory]			eans "not at all likely" and 5 means "very
Q6. In the			e Emory]	rom 1 to 5, 99 Prefer not to		eans "not at all likely" and 5 means "very
Q6. In the likely," 1 Not at all	how likely	were you	e Emory to fall?	visit: On 5 Very	a scale f 77 Don't	rom 1 to 5, 99 Prefer not to		eans "not at all likely" and 5 means "very
Q6. In the likely," 1 Not at all Likely Q7. In the	2 Daniel of the last of the la	were you	e Emory to fall? 4 Contact The contact Th	visit: On 5 Very Likely	a scale f 77 Don't Know	rom 1 to 5, 99 Prefer not to Answer	where 1 m	eans "not at all likely" and 5 means "very eans "not at all likely" and 5 means "very
Q6. In the likely," 1 Not at all Likely Q7. In the	2 Daniel of the last of the la	were you 3 D before the	e Emory to fall? 4 Contact The contact Th	visit: On 5 Very Likely	a scale f 77 Don't Know	rom 1 to 5, 99 Prefer not to Answer rom 1 to 5, irt? 99 Prefer not to	where 1 m	

Q8. In the 12 own age,			_	visit: Thi	nk about y	our level of	physical act	ivity. Com	pared to ot	her peopl	e your
	tive	3 About as Active	4 More Active	5 Much More Active	77 Don't Know	99 Prefer not to Answer					
Q9. In the 12 do you th			_	visit: No	w thinking	about your	friends, cor	npared to	other peop	le their ov	vn age,
	tive	3 About as Active	4 More Active	5 Much More Active	77 Don't Know	99 Prefer not to Answer					
On a scale of Disagree" and please indica following sta in the 12 mon	d 5 mea te your tement nths <u>be</u>	ans "Stro ragreeme ts, thinkin fore that	ngly Agree ent with th ng about yo visit:	e our life	1 Strongly Disagre e	2 Disagree	3 Neither Agree nor Disagre e	4 Agree	5 Strongl y Agree	77 Don't Know	99 Prefer not to Answer
Q10. I would knew I fe		parrassed	if my frien	ds							
Q11 . My friends and I talked about the risk of falling.											
Q12. My friends were worried about falling.											
Q13. Older pe			ere is nothi	ing that							
Q14. There are things I can do to reduce my risk of falling.											

In the 12 months <u>before</u> the Emory visit:		1	Yes		2 No	77 Don't know	99 Prefer not to Answer
Q15. Did you have your vision tested?							
Q16. Did you visit a foot doctor?							
Q17. Did you see a mental health profession such as a therapist, counselor, or psychiatrist?	onal,						
Q18. Did you make any changes to your ho help prevent falls?	me to						
Q19. Did you have any physical or occupational therapy?							
Q20. Did you have a balance disorder or other condition that caused you to feel unsteady or dizzy?							
Q21. Did you speak with a health care provider about preventing falls?							
	1 Tai	Chi	2 Matt of Baland		3 Other Exercise	77 Don't know	99 Prefer not to Answer
Q22. 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?							

Q23 . Medicine prescribed for you to help you sleep such			know	Prefer not to Answer
as zolpidem (Ambien), zaleplon (Sonata), or eszopiclone (Lunesta)?				
Q24 . Over-the-counter medicine to help you sleep such as diphenhydramine (Benedryl, ZZZQuil, Tylenol PM) or doxylamine (Unisom)?				
Q25a. Opioid medicine prescribed for you to help with pain? These might include tramadol (Ultram), oxycodone (Roxicodone, Percocet, Oxycontin), hydrocodone (Lortab, Vicodin), morphine (MsContin), hydromorphone (Dilaudid), or fentanyl (Duragesic).				
Q25b. Non-opioid medicine prescribed for you to help with pain, such as ibuprofen (Motrin), naproxen (Naprosyn), or diclofenac (Voltaren)?				
Q26. Over the counter medicine to help with pain such as ibuprofen (Motrin, Advil), acetaminophen (Tylenol) or naproxen (Aleve)?				
Q27. Medicine prescribed for you to help your mood or for sadness, such as sertraline (Zoloft), citalopram (Celexa), or duloxetine (Cymbalta)?				
Q28. Medicine prescribed for you to help with anxiety or nervousness, such as alprazolam (Xanax), lorazepam (Ativan), or diazepam (Valium)?				
Q29. Medicine prescribed for you to help with mood stability, such as risperidone (Risperdal), aripiprazole (Abilify), or quetiapine (Seroquel)?				
Q30. Vitamin D or a multivitamin?				
Q31. How many prescription medications do you take regul number of medications	arly?			
Q32. In the last three months, on average, how many days	per week	did you have	any alco	hol to drink?
	Oon't low	99 Prefer no to Answer	ot	

Q33 . Did y	ou use mariju	ana in the l a	ast 30 days?	?					
1 Yes		Pr Don't no	99 efer ot to swer						
024 Over	the nest mann	th have made	ov timos did	Lyou most	tunically a	at up ta urip	ata from the	time very went to	a bad at
	the time you		-	-	typically g	et up to urm		time you went to) bed at
0	1	2	3	4	5	77 Don't Know	99 Prefer not to Answer		
01 Hispan	at is your eth nic or Latino spanic or Lat	·							
01 Americ 02 Asian 03 Black o	at is your race can Indian or or African Am Hawaiian or	· Alaska Na nerican	tive						
approxima your surve don't have	ately three mo ey participation	onths to ansv n and falls ir king log, you	wer follow-u n your falls t	up question racking log	ns about yo g, which wa	our experien as provided t	ce with falls. to you by you	ill be contacted a Please remembe r medical provido e it easier to ansv	er to track er. If you
As a token of our appreciation, we will send you postage stamps valued at \$3.									
	nfirm that yo	-			FILE]				
02 My ad	dress is corre dress is NOT do NOT sene	correct. [g	o to TOKEN	=					
	ter your mai D LAST NAMI	-							

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