

EXIT

Form Approved
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This survey is for John Doe. Please confirm that you are this person.

- I am this person
- I am NOT this person

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This survey can only be completed by John Doe. Thank you.

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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.

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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.

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

Number of falls

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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

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Recently you visited your Emory provider and participated in a falls risk screening. Our records indicate that visit took place on 99/99/9999. Please answer the following questions, thinking about your life in the 12 months before that visit.

In general, would you say that your health was:

1 Excellent	2 Very Good	3 Good	4 Fair	5 Poor	Don't Know	Prefer not to Answer
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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EXIT

In the 12 months before the Emory visit:

On a scale of 1 to 5, where 1 means "not at all afraid" and 5 means "very afraid," how afraid were you of falling?

1 Not at all Afraid	2	3	4	5 Very Afraid	Don't Know	Prefer not to Answer
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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In the 12 months before the Emory visit:

On a scale of 1 to 5, where 1 means "not at all important" and 5 means "most important," how important was falling compared with your other health concerns?

1 Not at all Important	2	3	4	5 Most Important	Don't Know	Prefer not to Answer
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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In the 12 months before the Emory visit:

On a scale from 1 to 5, where 1 means "not at all likely" and 5 means "very likely," how likely were you to fall?

1 Not at all Likely	2	3	4	5 Very Likely	Don't Know	Prefer not to Answer
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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In the 12 months before the Emory visit:

On a scale from 1 to 5, where 1 means "not at all likely" and 5 means "very likely," if you fell, how likely is it that you would be hurt?

1 Not at all Likely	2	3	4	5 Very Likely	Don't Know	Prefer not to Answer
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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In the 12 months before the Emory visit:

Think about your level of physical activity. Compared to other people your own age, do you think you were:

Much Less Active	Less Active	About as Active	More Active	Much More Active	Don't Know	Prefer not to Answer
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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In the 12 months before the Emory visit:

	Yes	No	Don't Know	Prefer not to Answer
Did you have your vision tested?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you visit a foot doctor?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you see a mental health professional, such as a therapist, counselor, or psychiatrist?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you make any changes to your home to help prevent falls?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you have any physical or occupational therapy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you have a balance disorder or other condition that caused you to feel unsteady or dizzy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you speak with a health care provider about preventing falls?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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In the 12 months before the Emory visit, did you participate in any of the following exercise programs: Tai Chi, Matter of Balance, or some other exercise?

Tai Chi	Matter of Balance	Other Exercise	Don't Know	Prefer not to Answer
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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In the 12 months before the Emory visit, did you take:

	Yes	No	Don't Know	Prefer not to Answer
Medicine prescribed for you to help you sleep such as zolpidem (Ambien), zaleplon (Sonata), or eszopiclone (Lunesta)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Over-the-counter medicine to help you sleep such as diphenhydramine (Benedryl, ZZZQuil, Tylenol PM) or doxylamine (Unisom)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Non-opioid medicine prescribed for you to help with pain, such as ibuprofen (Motrin), naproxen (Naprosyn), or diclofenac (Voltaren)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Over the counter medicine to help with pain such as ibuprofen (Motrin, Advil), acetaminophen (Tylenol) or naproxen (Aleve)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medicine prescribed for you to help your mood or for sadness, such as sertraline (Zoloft), citalopram (Celexa), or duloxetine (Cymbalta)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medicine prescribed for you to help with anxiety or nervousness, such as alprazolam (Xanax), lorazepam (Ativan), or diazepam (Valium)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medicine prescribed for you to help with mood stability, such as risperidone (Risperdal), aripiprazole (Abilify), or quetiapine (Seroquel)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vitamin D or a multivitamin?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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How many prescription medications do you take regularly?

number of medications

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In the **last three months**, on average, how many days per week did you have any alcohol to drink?

Zero or Less than One Day per Week	1 Day per Week	2 Days per Week	3 or More Days per Week	Don't know	Prefer not to Answer
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

Yes	No	Don't know	Prefer not to Answer
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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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?

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

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What is your ethnicity?

- Hispanic or Latino
- Not Hispanic or Latino

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What is your race? Select one or more.

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

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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:

John Doe
1234 N. Road
Chicago, ILLINOIS 60603

- My address is correct.
- My address is NOT correct
- Please do NOT send stamps.

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Please enter your mailing address.

FIRST AND LAST NAME

STREET ADDRESS

STREET ADDRESS (Optional)

CITY

STATE

ZIP CODE

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

- I prefer to complete the survey on the internet
- I prefer to complete a paper survey and mail it back
- I prefer for someone to call me so I can complete the survey over the phone

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Please provide an email address where we may contact you.

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If you experience technical issues, please call xxxxxxxxxx or email xxxxxxxxxx for assistance.

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Please provide a telephone number, including area code, where an interviewer can reach you.
Please enter in only numbers, ex. 2223334440

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

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Thank you for your participation.