STEADI Follow-Up Survey for CATI

Good

t

3 Good

4 Fair

Form Approved OMB No: 0920-1281 Exp. Date: 01/31/2023

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_	=	or any other aspect of this collection of info Clifton Road NW, MS D-74, Atlanta, GA 30	rmation, including suggestions for reducing this burden to 0333; Attn: PRA (0920-1281).
			University of Chicago. I'm calling on behalf of the monitored. Is that acceptable to you?
01 Continue	without recording with recording dard outcomes		
NAME_CHK	This survey is for [FILL N	NAME]. Am I speaking to [him/her]?	?.
	inue to intro_2] nue to SCREEN_EXIT]		
AVAIL Is [she	e/he] available?		
	es to the phone [contin nue to SCREEN_EXIT]	ue to intro_2]	
SCREEN_EXITATION This survey of		oy [FILL NAME]. We will try back ar	nother time. Thank you. [EXIT SURVEY]
participation	is voluntary. You can re		ntinued help with this important study. Your the interview at any time, and all information you udy.
01 Continue 02 Set callba 99 Refused t			
Q1. In genera	al, would you say that y	our health is excellent, very good,	
1			99 Prefer
1 Excellen	2 Very	77 Don't	not to
	,		

5 Poor

Know

Answer

Q2_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.

If you have your falls tracking log available, please use it to help you answer the remaining questions.

Q2. Since th	e last time you	took this surve	y, have yo	u fallen?				
1 Yes	77 D 2 No kno							
If ye	es go to Q3. If N	– lo, DK, REF, go t	o Q10.					
Q3. How ma	any times did yo	ou fall since the	last time	you took th	nis survey?			
	Number o	of falls						
If O	go to Q10. Else	go to O4.						
., 0	30 to Q10, 2,50	go 10 Q 11						
_	f the most rece	ent fall: njury? By injury	, we	1 Yes	2 No	77 Don't know	99 Prefer not to Answer	
regul		d you to limit yo at least a day o rofessional.						
Q5 . Did you	u get medical a	ttention?					_	
				go to Q5a	If Q3=1, go to Q10. Else go to Q6.	If Q3=1, go to Q10. Else go to Q6.	If Q3=1, go to Q10. Else go to Q6.	
	atte prov	s the medical ention you recei vided by an Emo vider?						
	Q5b . What 1 Emergency Medical Services	kind of medica 2 y Emergency Room Visit	l attentior 3 Urgent Care Visit	n did you re 4 Doctor's Office Visit In-	5 Doctor's Vi over	6 sit Admitted to	77 Don't Know	99 Prefer not to Answer

	(EMT, Ambulance)			person					
If Q3=1, go to (Q10_INTRO. Els	e go to Q6.							
Thinking of th	ne <u>second</u> most	recent fall:					77 Don't	99 Prefer not to	
06 Did the fa	all cause an iniu	rv? By injury	we mean t	he	1 Yes	2 No	know	Answer	
Q6. Did the fall cause an injury? By injury, we mean the fall caused you to limit your regular activities for at least a day or go seek a health care professional.									
Q7 . Did you g	et medical atte	ntion?			go to Q7a	If Q3=2, go to Q10. Else go to Q8.	If Q3=2, go to Q10. Else go to Q8.		
		e medical att ed provided b er?							
	Q7b . What kir	nd of medical	attention o	did you re	eceive?	' [multiple s	election]		
	Emergency Medical Services (EMT, Ambulance)	2 Emergency Room Visit	3 Urgent Care Visit	4 Doctor Office Visit In persor	Do -	5 ctor's Visit over emedicine	6 Admitted to Hospital	77 Don't Know	99 Prefer not to Answer
If Q3=2, go to (Q10_INTRO. Els	e go to Q8.							
Thinking of th	ne <u>third</u> most re	ecent fall:			1 Yes	2 No	77 Don't know	99 Prefer not to Answer	
	all cause an inju sed you to limit								

least a d	day or go seek	a health care	profession	al.					
Q9 . Did you g	et medical atte	ention?		go to Q9a	go to	go to	go to		
	receiv	he medical att ed provided b	-						
	provid Q9b . What ki	nd of medical	attention	did you red	ceive? [multiple s	selection]		
	1								
	Emergency Medical	2	3	4 Doctor's		5	6		99
	Services	Emergency	Urgent	Office		or's Visit	Admitted	77	Prefer
	(EMT, Ambulance)	Room Visit	Care Visit	Visit In- person		over medicine	to Hospital	Don't Know	not to Answer
Emory provid Our records in [FILL FROM SA has <u>a health c</u>	/I=1 DISPLAY: For and participe and participe and cate that vise AMPLE FILE=VINGER profession	ated in a falls it took place o SIT_DATE]. Sir <u>al</u> done any o	risk screen on XX/XX/X nce that vis f the follow	iing. XXXX sit, ving:				99 Prefer	
	: Since the last are profession			-	1 Yes	2 No	77 Don't know	not to Answer	
Q10. Referred you to physical therapy?									
Q11. Since that visit has a health care professional referred you to occupational therapy?									
referred or yoga		rcise program	ı (such as T	ai Chi					
Q13. Since that visit has a health care professional referred you to an eye doctor?									
Q14. Since the doctor?	at visit have th	ey referred yo	ou to a foot	t					
	at visit have th more of your m	-	ded a char	nge to					
Q16. Since that visit have they recommended you use a cane or walker?									

Q17_INTRO. IF SURV_NUM=1 DISPLAY: Thinking about the time since that Emory visit,				99 Prefer
ELSE DISPLAY: Since the last time you took this survey,	1 Yes	2 No	77 Don't know	not to Answer
Q17. Have you gone to physical therapy?	ask Q17a	go to Q18	go to Q18	go to
Q17a. Did you receive physical therapy: ☐ Over telemedicine ☐ In-person ☐ Both in person and telemedicine	4.7.2	ζ	4 -5	ζ
Q18. Have you gone to occupational therapy?	ask Q18a	go to	go to	go to
Q18a. Did you receive occupational therapy: ☐ Over telemedicine ☐ In-person ☐ Both in person and telemedicine	QIOU	q17	417	Q17
Q19. Have you visited an eye doctor?	ask	go to	go to	go to
Q19a. Did you visit an eye doctor: ☐ Over telemedicine ☐ In-person ☐ Both in person and telemedicine	Q19a	Q20	Q20	Q20
Q20 . Have you visited a foot doctor?	ask Q20a	go to	go to	go to
Q20a. Did you visit a foot doctor:	•	`	•	` -

□ Over telemedicine□ In-person□ Both in person and telement	edicine				
Q21 . Have you stopped, switched, or reduce more of your medications?	ed one or				
Q22. Have you used a cane or walker?					
Q23. Have you reviewed brochures or othe how to prevent falls?	r materials on				
	1 Tai Chi	2 Matter of Balance	3 Other Exercise	77 Don't know	99 Prefer not to Answer
Q24. [multiple selection] IF SURV_NUM=1 DISPLAY: Since the Emory visit, have you participated in Tai Chi, Matter of Balance, or some other exercise either in person or online? ELSE DISPLAY: Since the last time you took this survey, have you participated in Tai Chi, Matter of Balance, or some other exercise?	ask Q24a	ask Q24b	go to Q25	go to Q25	go to Q25
Q24a Did participate in Tai Chi: Online In-person Both in person and online Q24b Did you participate in Matter o Online In-person Both in person and online	of Balance:				
Q25_INTRO. IF SURV_NUM=1 DISPLAY: Since the Emory you made any of the following changes to y prevent falls? ELSE DISPLAY: Since the last time you took have you made any of the following change home to prevent falls? Q25. Installed handrails?	our home to this survey,	1 Yes	2 No	77 Don't know	99 Prefer not to Answer

Q26. Have you replaced stairs with ramps?				
Q27. Have you removed clutter?				
Q28. Have you removed mats or rugs				
Q29. Have you removed loose cords?	П	П	П	П
Q30. Have you improved lighting?	_	_	_	_
Q31. Have you repaired unsafe or unsteady furniture?				
Q32. Have you moved furniture?				
Q33. Have you moved to a safer home?				
Q34 . Do you take medicine prescribed for you to help you	1 Yes	2 No	77 Don't know	99 Prefer not to Answer
sleep such as zolpidem (Ambien), zaleplon (Sonata), or eszopiclone (Lunesta)?				
Q35. Do you take over-the-counter medicine to help you sleep such as diphenhydramine (Benedryl, ZZZQuil, Tylenol PM) or doxylamine (Unisom)?				
Q36a. Do you take 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).				
Q36b. Do you take non-opioid medicine prescribed for you to help with pain, such as ibuprofen (Motrin), naproxen (Naprosyn), or diclofenac (Voltaren)?				
Q37 Do you take over the counter medicine to help with pain such as ibuprofen (Motrin, Advil), acetaminophen (Tylenol) or naproxen (Aleve)?				
Q38. Do you take medicine prescribed for you to help your mood or for sadness, such as sertraline (Zoloft), citalopram (Celexa), or duloxetine (Cymbalta)?				
Q39. Do you take medicine prescribed for you to help with anxiety or nervousness, such as alprazolam				

Q40 . Do yo with i	(Xanax), lorazepam (Ativan), or diazepam (Valium) Do you take medicine prescribed for you to help with mood stability, such as risperidone (Risperdal) aripiprazole (Abilify), or quetiapine (Seroquel)?]	
Q41. Do yo	u take '	Vitamin D	or a mult	tivitamin?)]	
Q42 . How m	any pre	escription	medicatio	ons do yo	u take reg	gularly?					
	nur	nber of m	edication	S							
Q43 . In the I	ast thro	ee month	s , on aver	age, how	many day	ys per week (did you ha	ave any alco	ohol to d	rink?	
0 Zero or Less than 0 Day per Week		1 Day per Week	2 Days per Week	3 or M Day pe Wee	r 7	77 Don't know	99 Prefe to Ans				
					l						
Q44 . Did you 1 Yes □	use m 2 No	arijuana i 77 Dor know □	99 Pre n't not	9 fer to							
If SURV_NUI DISTINGUISH							NUM AS	1,2,3, WILL	BE IN TH	HE SAMPLI	E FILE TO
[asked only On a scale means "Str means "Str indicate yo the followi	of 1 to congly I congly <i>I</i> our agre ng stat	5, where Disagree" Agree," pleement wiements:	1 and 5 ease [ith	/] 1 Strongly Disagree	2 Disagree	3 Neither Agree nor Disagree	4 Agree	5 Strongly Agree	77 Don't Know	99 Prefer not to Answer	
Q45. Older is not about	hing th	e fall and t at can be									
Q46. There reduce		ngs I can o isk of fallir									

TOKEN. Those are all the questions I have. Thank you for taking the time to participate today.

[IF SURV_NUM<3 DISPLAY: 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 in your survey invitation. 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 thank you screen]
- 02 My address is NOT correct. [go to Q34ADD]
- 03 Please do NOT send stamps. [Go to thank you screen]

Q34ADD

Please enter your mailing address.
FIRST AND LAST NAME
STREET ADDRESS
CITY
STATE
ZIP CODE

[thank you screen]

Thank you for participating! If you have any questions, you can contact the study team at 1-877-898-5903.