

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 the last time you took this survey, have you fallen?

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

If yes go to Q3. If No, DK, REF, go to Q10.

Q3. How many times did you fall since the last time you took this survey?

_____ Number of falls

If 0 go to Q10. Else go to Q4.

Thinking of the most recent fall:

Q4. 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.

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

Q5. Did you get medical attention?

				99 Prefer
				not to
				Answer
				77 Don't
				know
				Answer
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	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.

Q5a. Was the medical attention you received provided by an Emory provider?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Q5b. What kind of medical attention did you receive? [multiple selection]

1	2	3	4	5	6	77	99
Emergency Medical Services	Emergency Room Visit	Urgent Care Visit	Doctor's Office Visit In-	Doctor's Visit over Telemedicine	Admitted to Hospital	Don't Know	Prefer not to Answer

(EMT,
Ambulance
)

person

If Q3=1, go to Q10_INTRO. Else go to Q6.

Thinking of the second most recent fall:

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

Q7. Did you get medical attention?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
go to Q7a	If Q3=2, go to Q10. Else go to Q8.	If Q3=2, go to Q10. Else go to Q8.

Q7a. Was the medical attention you received provided by an Emory provider?

Q7b. What kind of medical attention did you receive? [multiple selection]

1 Emergency Medical Services (EMT, Ambulance)	2 Emergency Room Visit	3 Urgent Care Visit	4 Doctor's Office Visit In-person	5 Doctor's Visit over Telemedicine	6 Admitted to Hospital	77 Don't Know	99 Prefer not to Answer
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If Q3=2, go to Q10_INTRO. Else go to Q8.

Thinking of the third most recent fall:

			77 Don't know	99 Prefer not to Answer
	1 Yes	2 No		
Q8. Did the fall cause an injury? By injury, we mean the fall caused you to limit your regular activities for at	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

least a day or go seek a health care professional.

Q9. Did you get medical attention?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
go to Q9a	go to Q10	go to Q10	go to Q10

Q9a. Was the medical attention you received provided by an Emory provider?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Q9b. What kind of medical attention did you receive? [multiple selection]

1 Emergency Medical Services (EMT, Ambulance)	2 Emergency Room Visit	3 Urgent Care Visit	4 Doctor's Office Visit In- person	5 Doctor's Visit over Telemedicine	6 Admitted to Hospital	77 Don't Know	99 Prefer not to Answer
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q10_INTRO.

IF SURV_NUM=1 DISPLAY: Recently you visited your Emory provider and participated in a falls risk screening. Our records indicate that visit took place on XX/XX/XXXX [FILL FROM SAMPLE FILE=VISIT_DATE]. Since that visit, has a health care professional done any of the following:

ELSE DISPLAY: Since the last time you took this survey, has a health care professional done any of the following:

Q10. Referred you to physical therapy?

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

Q11. Since that visit has a health care professional referred you to occupational therapy?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Q12. Since that visit has a health care professional referred you to an exercise program (such as Tai Chi or yoga)?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Q13. Since that visit has a health care professional referred you to an eye doctor?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Q14. Since that visit have they referred you to a foot doctor?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Q15. Since that visit have they recommended a change to one or more of your medications?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Q16. Since that visit have they recommended you use a cane or walker?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Q17_INTRO.

IF SURV_NUM=1 DISPLAY: Thinking about the time since that Emory visit,

ELSE DISPLAY: Since the last time you took this survey,

Q17. Have you gone to physical therapy?

	1 Yes	2 No	77 Don't know	99 Prefer not to Answer
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	ask Q17a	go to Q18	go to Q18	go to Q18

Q17a. Did you receive physical therapy:

- Over telemedicine
- In-person
- Both in person and telemedicine

Q18. Have you gone to occupational therapy?

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	ask Q18a	go to Q19	go to Q19	go to Q19

Q18a. Did you receive occupational therapy:

- Over telemedicine
- In-person
- Both in person and telemedicine

Q19. Have you visited an eye doctor?

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	ask Q19a	go to Q20	go to Q20	go to Q20

Q19a. Did you visit an eye doctor:

- Over telemedicine
- In-person
- Both in person and telemedicine

Q20. Have you visited a foot doctor?

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	ask Q20a	go to Q21	go to Q21	go to Q21

Q20a. Did you visit a foot doctor:

- Over telemedicine
- In-person
- Both in person and telemedicine

- Q21.** Have you stopped, switched, or reduced one or more of your medications?
- Q22.** Have you used a cane or walker?
- Q23.** Have you reviewed brochures or other materials on how to prevent falls?

	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?	<input type="checkbox"/> ask Q24a	<input type="checkbox"/> ask Q24b	<input type="checkbox"/> go to Q25	<input type="checkbox"/> go to Q25	<input type="checkbox"/> go to Q25

Q24a Did participate in Tai Chi:

- Online
- In-person
- Both in person and online

Q24b Did you participate in Matter of Balance:

- Online
- In-person
- Both in person and online

Q25_INTRO.

IF SURV_NUM=1 DISPLAY: Since the Emory visit, have you made any of the following changes to your home to prevent falls?

ELSE DISPLAY: Since the last time you took this survey, have you made any of the following changes to your home to prevent falls?

Q25. Installed handrails?

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

- 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?
- 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?

- | | 1 Yes | 2 No | 77 Don't
know | 99
Prefer
not to
Answer |
|--|--------------------------|--------------------------|--------------------------|----------------------------------|
| Q34. Do you take medicine prescribed for you to help you sleep such as zolpidem (Ambien), zaleplon (Sonata), or eszopiclone (Lunesta)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Q35. Do you take over-the-counter medicine to help you sleep such as diphenhydramine (Benedryl, ZZZQuil, Tylenol PM) or doxylamine (Unisom)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Q36b. Do you take non-opioid medicine prescribed for you to help with pain, such as ibuprofen (Motrin), naproxen (Naprosyn), or diclofenac (Voltaren)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Q37 Do you take over the counter medicine to help with pain such as ibuprofen (Motrin, Advil), acetaminophen (Tylenol) or naproxen (Aleve)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Q38. Do you take medicine prescribed for you to help your mood or for sadness, such as sertraline (Zoloft), citalopram (Celexa), or duloxetine (Cymbalta)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Q39. Do you take medicine prescribed for you to help with anxiety or nervousness, such as alprazolam | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

(Xanax), lorazepam (Ativan), or diazepam (Valium)?

Q40. Do you take medicine prescribed for you to help with mood stability, such as risperidone (Risperdal), aripiprazole (Abilify), or quetiapine (Seroquel)?

Q41. Do you take Vitamin D or a multivitamin?

Q42. How many prescription medications do you take regularly?

_____ number of medications

Q43. In the last three months, on average, how many days per week did you have any alcohol to drink?

0 Zero or Less than One Day per Week	1 Day per Week	2 Days per Week	3 or More Days per Week	77 Don't know	99 Prefer not to Answer
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q44. Did you use marijuana in the last 30 days?

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

If SURV_NUM=3 THEN GO TO Q45. ELSE GO TO TOKEN. DEFINE SURV_NUM AS 1,2,3, WILL BE IN THE SAMPLE FILE TO DISTINGUISH BETWEEN ROUNDS OF THE QUARTERLY SURVEY

[asked only in the last quarterly survey]

On a scale of 1 to 5, where 1 means "Strongly Disagree" and 5 means "Strongly Agree," please indicate your agreement with the following statements:

1 Strongly Disagree	2 Disagree	3 Neither Agree nor Disagree	4 Agree	5 Strongly Agree	77 Don't Know	99 Prefer not to Answer
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Q45. Older people fall and there is nothing that can be done about it.

Q46. There are things I can do to reduce my risk of falling.

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.