

# STEADI Baseline for CATI

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

Public Reporting burden of this collection of information is estimated at 15 minutes, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NW, MS D-74, Atlanta, GA 30333; Attn: PRA (0920-1281).

**INTRO\_1.** Hello, my name is [NAME] and I'm calling from NORC at the University of Chicago. I'm calling on behalf of the Patient Falls Survey. For quality assurance, this call may be recorded or monitored. Is that acceptable to you?

00 Continue without recording  
01 Continue with recording  
...other standard outcomes

**NAME\_CHK** This survey is for [FILL NAME]. Am I speaking to [him/her]?

01 YES [continue to intro\_2]  
02 NO [continue to SCREEN\_EXIT]

**AVAIL** Is [she/he] available?

01 YES, comes to the phone [continue to intro\_2]  
02 NO [continue to SCREEN\_EXIT]

## SCREEN\_EXIT

This survey can only be completed by [FILL NAME]. We will try back another time. 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. I'd like to continue now unless you have any questions.

01 Continue  
02 Set callback  
99 Refused to participate

**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.*





**Q11.** My friends and I talked about the risk of falling. Would you say you strongly disagree, disagree, neither agree nor disagree, agree, or strongly agree?

**Q12.** My friends were worried about falling. **[READ IF NECESSARY]** Would you say you strongly disagree, disagree, neither agree nor disagree, agree, or strongly agree?

**Q13.** Older people fall and there is nothing that can be done about it. **[READ IF NECESSARY]** Would you say you strongly disagree, disagree, neither agree nor disagree, agree, or strongly agree?

**Q14.** There are things I can do to reduce my risk of falling. **[READ IF NECESSARY]** Would you say you strongly disagree, disagree, neither agree nor disagree, agree, or strongly agree?

<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. 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?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	1 Yes	2 No	77 Don't know	99 Prefer not to Answer
<b>Q23. In the 12 months <u>before</u> the Emory visit, did you take medicine prescribed for you to help you sleep such as zolpidem (Ambien), zaleplon (Sonata), or eszopiclone (Lunesta)?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Q24. In the 12 months <u>before</u> the Emory visit, did you take over-the-counter medicine to help you sleep such as diphenhydramine (Benedryl, ZZZQuil, Tylenol PM) or doxylamine (Unisom)?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Q25a. In the 12 months <u>before</u> the Emory visit, did 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).</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Q25b. Did you take non-opioid medicine prescribed for you to help with pain, such as ibuprofen (Motrin), naproxen (Naprosyn), or diclofenac (Voltaren)?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Q26. Did you take over the counter medicine to help with pain such as ibuprofen (Motrin, Advil), acetaminophen (Tylenol) or naproxen (Aleve)?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Q27. In the 12 months <u>before</u> the Emory visit, did you take medicine prescribed for you to help your mood or for sadness, such as sertraline (Zoloft), citalopram (Celexa), or duloxetine (Cymbalta)?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Q28. Did you take medicine prescribed for you to help with anxiety or nervousness, such as alprazolam</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Q29. Did you take medicine prescribed for you to help with mood stability such as risperidone (Risperdal), aripiprazole (Abilify), or quetiapine (Seroquel)?

Q30. Did you take Vitamin D or a multivitamin?

Q31. How many prescription medications do you take regularly?  
\_\_\_\_\_ number of medications

Q32. 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"/>

Q33. 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"/>

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?

0	1	2	3	4	5	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"/>

Q36. What is your ethnicity? Are you Hispanic or Latino?

01 Hispanic or Latino  
02 Not Hispanic or Latino  
77 Don't Know  
99 Prefer not to Answer

**Q37.** What is your race? Are you American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, or White? You can 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
- 77 Don't Know
- 99 Prefer not to Answer

**Q38.** You previously indicated that you were able to have someone available to help you participate in an at-home falls risk assessment, or you had someone help you with the assessment when it was conducted, is this person someone who:

- 01 Lives in your home
- 02 A friend or family member who does not live in your home
- 03 A home health care worker
- 04 Other
- 77 Don't Know
- 99 Prefer not to Answer

**TOKEN.** Those are all the questions I have. 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 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.

[pause for questions about log]

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? Would you like to complete a web survey online, complete a paper survey and mail it back to us, or do you prefer that we call you again to complete the survey over the phone?

- 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 1-877-898-5903.