FALLS AND MOBILITY FORM

ID NUMBER: | | | | | | | |

FORM CODE: | F | A | M |

DATE: 11/16/2017
Version 1.0

ADMINISTRATIVE INFORMATION

0a. Completion Date: ☐☐/☐☐/☐☐☐☐ (Month / Day / Year)

0b. Staff ID: ☐☐☐

A. Living circumstances

1. "Now I would like to ask you a question about your living arrangements. Do you currently live with anyone, such as a family member or a friend, or do you live alone?"

☐ A= I live with someone
☐ B= I live alone
☐ C= Refused

B. Physical ability

"These next few questions ask about how well you typically function on your own, which is without help from another person or special equipment such as a cane or walker. For each activity I mention, please tell me whether you are able to perform this activity with no difficulty, with some difficulty or are you not able to do."

Activities	a. How much difficulty do you have…	b. Would you say the amount of difficulty was …
2. Walking for a quarter of a mile (about 2 or 3 blocks)?	☐A = No difficulty --> Next Row ☐B = Some difficulty ☐C = Unable to do --> Next Row ☐D = Unknown/ Do not do --> Next Row	☐A = A little ☐B = Much
3. Walking from one room to another on the same level?	☐A = No difficulty --> Next Row ☐B = Some difficulty ☐C = Unable to do --> Next Row ☐D = Unknown/ Do not do --> Next Row	☐A = A little ☐B = Much
4. Getting in or out of bed?	☐A = No difficulty --> Next Row ☐B = Some difficulty ☐C = Unable to do --> Next Row ☐D = Unknown/ Do not do --> Next Row	☐A = A little ☐B = Much
5. Walking up 10 steps without resting?	☐A = No difficulty --> Next Row ☐B = Some difficulty ☐C = Unable to do --> Next Row ☐D = Unknown/ Do not do --> Next Row	☐A = A little ☐B = Much

Activities	a. How much difficulty do you have…	b. Would you say the amount of difficulty was …
6. Doing chores around the house (like vacuuming, sweeping, dusting, or straightening up?)	☐A = No difficulty --> Next Row ☐B = Some difficulty ☐C = Unable to do --> Next Row ☐D = Unknown/ Do not do --> Next Row	☐A = A little ☐B = Much
7. Preparing your own meals?	☐A = No difficulty --> Next Row ☐B = Some difficulty ☐C = Unable to do --> Next Row ☐D = Unknown/ Do not do --> Next Row	☐A = A little ☐B = Much
8. Managing your money (such as keeping track of your expenses or paying bills)?	☐A = No difficulty --> Next Row ☐B = Some difficulty ☐C = Unable to do --> Next Row ☐D = Unknown/ Do not do --> Next Row	☐A = A little ☐B = Much
9. Eating, including holding a fork, cutting food, or drinking from a glass?	☐A = No difficulty --> Next Row ☐B = Some difficulty ☐C = Unable to do --> Next Row ☐D = Unknown/ Do not do --> Next Row	☐A = A little ☐B = Much
10. Dressing yourself, including tying shoes, working zippers, or doing buttons?	☐A = No difficulty --> Next Row ☐B = Some difficulty ☐C = Unable to do --> Next Row ☐D = Unknown/ Do not do --> Next Row	☐A = A little ☐B = Much
11. Lifting or carrying something as heavy as 10 pounds?	☐A = No difficulty --> Next Row ☐B = Some difficulty ☐C = Unable to do --> Next Row ☐D = Unknown/ Do not do --> Next Row	☐A = A little ☐B = Much
12. Standing up from an armless chair?	☐A = No difficulty --> Next Row ☐B = Some difficulty ☐C = Unable to do --> Next Row ☐D = Unknown/ Do not do --> Next Row	☐A = A little ☐B = Much
13. Stooping, crouching, or kneeling?	☐A = No difficulty --> Next Row ☐B = Some difficulty ☐C = Unable to do --> Next Row ☐D = Unknown/ Do not do --> Next Row	☐A = A little ☐B = Much

C. Fatigue

"Next I will ask you about how often you have felt tired in the past 7 days. There are 5 possible answers to choose from: ***never, rarely, sometimes, often, or always****."*

	In the past 7 days
14. How often did you feel tired?	☐ 1= Never ☐ 2= Rarely ☐ 3= Sometimes ☐ 4= Often ☐ 5= Always
15. How often did you experience extreme exhaustion?	☐ 1= Never ☐ 2= Rarely ☐ 3= Sometimes ☐ 4= Often ☐ 5= Always
16. How often did you run out of energy?	☐ 1= Never ☐ 2= Rarely ☐ 3= Sometimes ☐ 4= Often ☐ 5= Always
17. How often were you too tired to think clearly?	☐ 1= Never ☐ 2= Rarely ☐ 3= Sometimes ☐ 4= Often ☐ 5= Always
18. How often were you too tired to take a bath or shower?	☐ 1= Never ☐ 2= Rarely ☐ 3= Sometimes ☐ 4= Often ☐ 5= Always

D. Falls

"Next I will ask you about falls you may have experienced recently."

19. In the past 12 months did you fall?

Yes ..... Y ☐
No ..... N ☐ → **Go to item 24**
Do not remember ..... U ☐ →

20. In the past 12 months, how many times did you fall?

1 . . . . . **1** ☐
2 . . . . . **2** ☐
3 . . . . . **3** ☐
4 . . . . . **4** ☐
5 . . . . . **5** ☐
6 or more . . . . . **6** ☐
Do not remember . . . . . **7** ☐

"Now I am going to ask you about the fall that you think was the most serious."

21. Did you have to limit your activities because you were injured from this fall?
    Yes ..... Y ☐
    No ..... N ☐
    Do not remember ..... U ☐

22. From this fall, did you have an injury that required you to see your doctor?

    Yes ..... Y ☐
    No ..... N ☐
    Do not remember ..... U ☐

23. For this fall, briefly describe what were you doing when you fell, and what you think made you fall.

    _____

Instructions: Enter text verbatim.

Please answer the following questions with a 'Yes' or 'No' response.		
24. Because of any impairment or health problem, do you need the help of other persons for personal care needs such as eating, bathing, dressing or getting around your home?	☐Y Yes	☐N No
25. Because of any impairment or health problem, do you need the help of other persons in handling routine needs, such as everyday household chores, doing necessary business, shopping or getting around for other purposes?	☐Y Yes	☐N No
26. Do you usually use any device to help you get around such as a cane, wheelchair, crutches or a walker?	☐Y Yes	☐N No
27. Do you usually use any special eating utensils?	☐Y Yes	☐N No
28. Do you usually use any aids or devices to help you dress (such as button hooks, zipper pulls, long-handled shoe horn, etc.?	☐Y Yes	☐N No