FALLS IN PRIOR 6 MONTHS, MD RECOMMENDATIONS, FALL PREVENTION, VISION

ID NUMBER: | | | | | | | | FORM CODE: F R M DATE: 04/01/2016 Version 1.0

ADMINISTRATIVE INFORMATION

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

Instructions: *Please administer this survey AFTER the Falls Efficacy International Survey.*

"I'm going to ask you about falls that you may have experienced in the prior 6 months. By a fall, I mean when a person unintentionally comes to rest on the ground or another lower level. This does not include falls that occurred because of a seizure."

1. In the past 6 months, did you fall?

☐1 = Yes
☐0 = No **Go to Item 8**

2.In the past 6 months, how many times did you fall? ☐

I'm going to ask you about any problems you may have experienced [after you fell] OR [after any of these falls]. For [this fall] OR [any of these falls], did you…..

3a. Have to limit your physical activities?

☐1 = Yes
☐0 = No

3b. Hit your head?

☐1 = Yes
☐0 = No

3c. Break, fracture or sprain a bone or body part?

☐1 = Yes
☐0 = No **Go to item 3d**

What body part was that? [enter up to 3 below]:

Shoulder 1
Elbow 2
Wrist.....3
Arm(s) 4
Hand(s)/Finger(s).....5
Pelvis 6
Hip 7
Back.....8
Leg.....9
Knee 10
Ankle.....11
Foot/Toe(s) 12

c1._____

c2._____

c3._____

3d. Have any other type of physical injury?

☐1 = Yes
☐0 = No

I'm going to ask you about any medical treatment that you may have received [for this fall] OR [for any of these falls] in the prior 6 months.

Did you…

4a. Go to your physician?

☐1 = Yes
☐0 = No

4b. Go to the emergency room?

☐1 = Yes
☐0 = No

4c. Go to the hospital and stay overnight?

☐1 = Yes
☐0 = No

[INSTRUCTIONS: For question 5 – 7, if the participant had more than one fall, then direct them to answer about the fall they deemed the most serious in the prior 6 months.]

Please say to them, **"Please think back to the times you fell in the past 6 months. I would like you to answer the next few questions about the one fall that was the most serious or that you remember the best."]**

5. For this fall were you inside or outside when you fell?

Inside ..... A
Outside ..... B

6. For this fall, were you in, or around, your home or somewhere else [like the supermarket]?

Home ..... A
Somewhere else ..... B

For this same fall, please answer YES or NO to factors that you think may have contributed to your fall. Did you…..

7a. Trip or slip on something?

☐1 = Yes
☐0 = No

7b. Lose your balance?

☐1 = Yes
☐0 = No

7c. Feel faint or dizzy?

☐1 = Yes
☐0 = No

7d. Stand or sit up too quickly?

☐1 = Yes
☐0 = No

7e. Your legs gave out?

☐1 = Yes
☐0 = No

7f. Have trouble seeing?

☐1 = Yes
☐0 = No

7g. Were you in physical pain?

☐1 = Yes
☐0 = No

7h. Were you rushing or distracted?

☐1 = Yes
☐0 = No

7i. Were you exercising?

☐1 = Yes
☐0 = No

8. When was the last time you visited your primary physician? Was it within the past…?

6 months..... A
12 months..... B
2 years..... C
Longer than 2 years..... D

When you visited your physician last, did they recommend any of the following for purposes of preventing falling? Did they recommend….

9a. Exercising regularly?

☐1 = Yes
☐0 = No

9b. Taking vitamin D or calcium supplements?

☐1 = Yes
☐0 = No

9c. Modifying your home environment like putting hand rails in your bathroom, or picking up things off the floor to prevent tripping?

☐1 = Yes
☐0 = No

9d. Changes in your medications?

☐1 = Yes
☐0 = No

10. During this visit, did your physician ask you to perform an exercise where they timed how long it took you to stand up from a chair, walk across the room, and then walk back to the chair and sit down?

☐1 = Yes
☐0 = No

11. During this visit, did your physician ask you to stand and keep your balance in a few different positions?

☐ 1 = Yes
☐ 0 = No

12. Did your physician have you perform an exercise where you had to stand up and sit back down repeatedly for about 30 seconds?

☐ 1 = Yes
☐ 0 = No

Have you done or do you currently do any of the following to prevent falling? Have you….

13a. Modified your home environment, like putting in hand rails in the shower or removing slippery rugs from the floor?

☐ 1 = Yes
☐ 0 = No

13b. Gotten new glasses or had cataract surgery?

☐ 1 = Yes
☐ 0 = No

13c. Started a new exercise program or continued to exercise as usual?

☐ 1 = Yes
☐ 0 = No

13d. Limited or stopped certain activities that you thought may be risky (like climbing ladders)?

☐ 1 = Yes
☐ 0 = No

13e.Worn shoes with non-slip soles (good grip soles)?

☐ 1 = Yes
☐ 0 = No

14. Do you have an emergency alert device, such as a bracelet or necklace that you can use to alert someone that you have fallen and need help?

☐ 1 = Yes
☐ 0 = No **Go to item 17**

15. During a typical week, how many days per week do you wear this device? ☐ Days

16. Have you ever used this emergency device to call for help due to a fall?

☐ 1 = Yes
☐ 0 = No **Go to item 18**

17. How likely are you in the next year to get a device like this? Are you…?

Very likely ..... A
Somewhat likely..... B
Not at all likely C

For Q18-20: **"I'm now going to ask you a few questions about your vision while performing certain tasks. If you typically wear glasses or contacts when performing these, please answer these questions about your vision when you are wearing your glasses or contacts."**

18. Because of your eyesight, how much difficulty do you have reading ordinary print in newspapers? Would you say you have….?

No difficulty ..... A
A little difficulty..... B
Moderate difficulty C
Extreme difficulty ..... D
Can't do because vision is poor..... E

19. Because of your eyesight, how much difficulty do you have recognizing people you know from across the room? Would you say you have….?

No difficulty ..... A
A little difficulty..... B
Moderate difficulty C
Extreme difficulty ..... D
Can't do because vision is poor..... E

20. Because of your eyesight, how much difficulty do you have going down steps, stairs or curbs in dim light or at night? Would you say you have….?

No difficulty ..... A
A little difficulty..... B
Moderate difficulty C
Extreme difficulty ..... D
Can't do because vision is poor..... E