



INSTRUCTIONS FOR THE FALLS CALENDAR: Mail and Phone Interview Data Collection

I. General Instructions

Participants will use this calendar to track their falls over approximately 6 months. The Falls Calendar is considered the gold standard for collecting fall events among older adults.

The data collector will instruct the participant to track their falls by marking on the calendar every evening to indicate if they fell (“F”) or did not fall (“N”) that day. The participant will also be instructed to mail back the calendar page at the end of each month. The calendar will be mailed back to the participant’s respective Field Center where the data will be entered into CDART.

To foster consistent return of the calendar, monthly reminder post cards will be sent to participants. For those who do not return the calendar after two months will be called and the data will be ascertained via telephone interview for the prior two months.

BEFORE handing the calendar to the participant:

1. Ensure that the first calendar month corresponds with the month of visit 6. It is important that participants receive a calendar that will allow them to track their falls for 6 months.
2. Write the participant’s PATID on each of the calendar pages, as well as the Falls Calendar Evaluation form located at the back of the calendar. This number must be included for us to track participants’ falls.
3. If a spousal pair are both participating, also include MR or MRS on each of their respective calendar pages. They may not know their PATID. The MR/MRS label will help them distinguish between the calendars when they are at home tracking their falls.

Hand the participant the calendar and provide verbal instructions on how to track falls each evening and how to mail back the fall calendar at the end of each month (A through I):

Item A. Inform the participant that they are being provided a calendar for them to track their falls for 6 months.

Item B. Ask them to place this calendar on their refrigerator or someplace in their close by so they remember to mark on it every day.

Item C. Instruct them on how to use the calendar. Tell them that should mark on the calendar every day. If they DID fall that day, they should mark an “**F**” on that day. If they DID NOT fall, they should mark a “**N**” for that day.

Item D. If they fall, they should answer the questions below the calendar. Participants are being asked

to complete this set of questions for their first fall. Based on prior ARIC Falls data, it is expected that most participants who fall will not fall more once within a given month.

Item E. Point to the instructions on the calendar on the front page and read the instructions about how to return the calendar at the end of each month. Show them how the pages are glued and they can tear off the individual calendar page. They should tear off the page and mail it back in one of the addressed, stamped envelopes provided.

Item F. Inform the participant that a reminder letter will be sent to them at the end of each month as a reminder to send to back their calendar page.

Item G: Inform participants that if we do not receive their calendar for two months in a row, we will call and ask them about falling during this time period.

Item H. For purposes of demonstrating participants' willingness to complete the calendar, we are asking them to complete a brief survey on their experience with using the Falls Calendar This Falls Calendar Feedback form is the last page in the calendar. A stamped, addressed envelope has been provided to mail this back.

DEMONSTRATE HOW TO COMPLETE THE CALENDAR and HOW TO FOLD FOR MAILING

Using a pen, go to the sample calendar on the instruction page and demonstrate for the participant how to mark an "F" for falling, and "N" for not falling. Demonstrate how the calendar needs to be completed every day.

On this sample calendar, point out the box to check if they did NOT have a fall that month. If they did not, they can check this before they mail the calendar back.

Finally, on this page, point out again the instructions that they should mail back the calendar page at the end of the month. Also, show them the Falls Evaluation Form and remind them at the end of the 6 month period, we would like them to mail this back to the Field Center.

CHECK to make sure that the PATID is document on each calendar month and the Falls Calendar Evaluation form. If it is a spousal pair, ensure that MR. and MRS. Is marked on each page of their calendars.

II. Detailed Instructions for data entry

Administrative Information

0a. Completion Date

0b. Enter the staff ID for the person who is entering this form/conducting telephone interview.

0c. Falls Calendar Month/Year:

0d. Method of data collection

- a. Mailed
- b. Phone collection with calendar
- c. Phone collection without calendar

0e. Date calendar received/Telephone interview conducted:

DATA ENTRY INSTRUCTIONS FOR CALENDARS RETURNED BY MAIL

Please Review the Calendar and note where participants marked a “F”. Also, note if the participant marked an “X” in the box for “I DID NOT FALL THIS MONTH”. Use this information to complete the data entry. Also check if person did not indicate they fell, but they completed the falls questions for the month.

1. Did the participant fall this month?

- Yes – [If yes, record the dates on the calendar that have a “F”]
- No – [If falls calendar is complete and indicates no “F”s then data entry complete]
- Blank [If entire page is blank and questions below are blank, check this box, then data entry is complete.
If the calendar is blank, but the questions below are answered, check this box and proceed to entering the information below about the specific fall]

1a. How many times did they fall? _____

[Count up the number of “F”s on the calendar and enter that number here.]

For each date marked “F”, enter this date into the Falls Database. There are 8 data entry fields for falls dates within each month.

| | |
|----|------------|
| 1a | mm/dd/yyyy |
| 1b | mm/dd/yyyy |
| 1c | mm/dd/yyyy |
| 1d | mm/dd/yyyy |
| 1e | mm/dd/yyyy |
| 1f | mm/dd/yyyy |
| 1g | mm/dd/yyyy |
| 1h | mm/dd/yyyy |
| | |

Continue to the Falls Questions below the calendar. Select Yes or No. If the item is blank, please select the status byte "Missing"

| 2 | When you fell.... | YES | NO |
|----|---|--------------------------|--------------------------|
| 2a | Were you at your home? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2b | Were you indoors? (at home or building) | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 | To get up from your fall, | | |
| 3a | Did someone have to help you? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3b | Did you need to wait for help? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3c | Did you use an emergency bracelet or necklace to call for help? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | When you fell, did you... | | |
| 4a | Injure your head? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4b | Break or fracture a bone? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4c | Have any other type of injury? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4e | Have to limit your physical activities? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | For this fall, did you... | | |
| 5a | Go to your doctor? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5b | Go to the emergency room? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5c | Stay overnight in the hospital? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 | Did you fall because you..... | | |
| 6a | Lost your balance? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6b | Slipped or tripped on something? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6c | Fainted? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6d | Felt dizzy? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6e | Stood up or sat up too quickly? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6f | Your legs gave out? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6g | Were rushing or distracted? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6h | Had trouble seeing? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6i | Were in physical pain? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 | Other reason fell [ENTER TEXT AS WRITTEN] | | |

DATA COLLECTION INSTRUCTIONS FOR FALL CALENDAR DATA ASCERTAINED BY PHONE

Hello Mrs/Mr _____. I am calling to inquire about your falls calendar for [MONTH 1] and [MONTH 2]. We did not receive your falls calendar for the past two months, and we're hoping we can ask you a few questions today to learn if you had a fall in this time period. This should take no longer than 5 minutes. Can I proceed with asking you some questions about falling in the prior 2 months?

0d. Do you have your falls calendar close by that you can look at while we ask you these questions? Before proceeding, ensure that the participant has calendar in view to answer questions.

[If they don't have their falls calendar, this is ok. Proceed with the interview]

- Mailed (Not applicable with phone interview)
- Phone with calendar -
- Phone without calendar

QUESTIONS FOR MONTH 1/2

1. Did you Fall in [Month 1/2]?

- Yes
- No – **Go to the MONTH 2 Calendar**

1a. [By looking at your calendar] How many times did you fall in [MONTH 1]?

[If they have their calendar, ask them to look at it. State the name of the month when asking the question]

_____ Fill in number

Please look at your calendar and [tell me the date that you fell] OR [tell me the first date that you fell....etc]. **[Only ask if they have their falls calendar. Ascertain all dates that they fell with respect to the number of falls they indicated the previous question.]**

| | |
|----|------------|
| 1a | mm/dd/yyyy |
| 1b | mm/dd/yyyy |
| 1c | mm/dd/yyyy |
| 1d | mm/dd/yyyy |
| 1e | mm/dd/yyyy |
| 1f | mm/dd/yyyy |
| 1g | mm/dd/yyyy |
| 1h | mm/dd/yyyy |

“I’m now going to ask you questions about your fall”

[If only one fall, or they filled out the calendar questions for one fall, read this]

“I’m now going to ask you questions about your fall. Please answer these questions for one fall in [MONTH 1/2] that you thought was the most serious or that you remember the best.

[If participant had more than one fall and they don’t have their calendar in front of them/didn’t complete the calendar questions, ask them

[In the table, read each item as written and check “Yes” or “No” for each. If the participant indicates that they do not know or cannot remember, please select the status byte “Don’t Know”

| | | YES | NO |
|----|---|--------------------------|--------------------------|
| 2 | When you fell.... | | |
| 2a | Were you at your home? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2b | Were you in-doors? (at home, in building) | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 | To get up from your fall.... | | |
| 3a | Did someone have to help you? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3b | Did you need to wait for help? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3c | Did you use an emergency bracelet or necklace to call for help? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | When you fell, did you... | | |
| 4a | Injure your head? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4b | Break or fracture a bone? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4c | Have any other type of injury? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4e | Have to limit your physical activities because of the fall? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | For this fall, did you... | | |
| 5a | Go to your doctor? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5b | Go to the emergency room? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5c | Stay overnight in the hospital? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 | Did you fall because you..... | | |
| 6a | Lost your balance? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6b | Slipped or tripped on something? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6c | Fainted? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6d | Felt dizzy? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6e | Stood up or sat up too quickly? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6f | Your legs gave out? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6g | Were rushing or distracted? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6h | Had trouble seeing? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6i | Were in physical pain? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 | Other reason fell [ENTER TEXT AS WRITTEN] | | |

“Thank you for speaking with us today. Do you need us to review for you how to complete the falls calendar or how to mail it back in to the field center?”

- Yes – Provide instructions about the falls calendar, and how to mail it back at the end of the month.
- No - Thank the participant and remind them to fill out the calendar at the end of each month and mail it into the field center.