



## INSTRUCTIONS FOR THE FALLS AND MOBILITY FORM (FAM)

### I. General Instructions

This questionnaire determines the degree of difficulty the participant has in performing a variety of activities, including basic activities of daily living (ADLs) and instrumental activities of daily living (IADLs). Many of these activities have been found to be valuable indicators of health and the potential need for future care, either at home or in an institution. The time frame for most of the questions is “current”, that is, around the time of the interview. The questionnaire also gathers information about the participant’s living circumstances, fatigue, and fall history.

Complete the Falls and Mobility Form during Screen and Baseline, Year 1, Year 2, and Year 3.

### II. Detailed Instructions for Each Item– Clinic Exam

0a. Enter the date on which the participant was seen in the clinic.

0b. Enter the staff ID for the person who completed this form.

#### Section A. Living circumstances

1. This question asks about the living circumstances of the participant. Read the question aloud. Based on the participant’s response, choose either selection ‘A,’ ‘B,’ or ‘C.’

#### Section B. Physical ability

2-13. This section gathers information about the participant’s ability to complete numerous physical activities. Read the script aloud. Read the lead-in aloud, “**How much difficulty do you have...**” Hand participant the response card. If the participant never does the activity, probe to determine if he/she is unable to do it. If so, choose the “Unable to do” response. If the person never does the activity for some other reason and thus can’t judge whether he/she has any difficulty, choose “Don’t know or do not do”. For example, if the participant responds “My wife prepares all of my meals,” choose “Don’t know or do not do”. If the participant responds “My arthritis is so bad my daughter prepares all my meals.” Choose “Unable to do”.

#### Section C. Fatigue

14-18. This section gathers information about the participant’s tiredness. Read the script aloud. Read the lead in aloud, for each question. For example, for question 14 say “**How often did you feel tired?**” Record the participant’s response. If the response is ‘Never,’ select 1. If the response is ‘Rarely,’ select 2. If the response is ‘Sometimes,’ select 3. If the response is ‘Often,’ select 4. If the response is ‘Always,’ select 5.

#### Section D. Falls

This section gathers information about the participant’s recent falls. Questions 19 and 20 ask about the falls the participant experienced in the past 12 months. Questions 21-23 ask about the participant’s most serious fall in the past 12 months.

Read the script aloud.

19. If the participant fell in the past 12 months, select 'Y' (Yes). If the participant did not fall in the past 12 months, select 'N' (No). If the participant does not remember if he/she fell in the past 12 months, select 'U' (Do not remember).

20. Select the number of times the participant fell in the past 12 months. If the participant fell between 1 and 5 times, inclusive, select the number of times the participant fell. If the participant fell 6 or more times, select 6. If the participant does not remember, select 7.

21. Read the script aloud. If the participant's most serious fall limited his/her activities, select 'Y' (Yes). If the participant's most serious fall did not limit his/her activities, select 'N' (No). If the participant does not remember, select 'U' (Do not remember).

22. If the participant's most serious fall caused an injury that required him/her to see a doctor, select 'Y' (Yes). If the participant's most serious fall did not cause an injury that required him/her to see a doctor, select 'N' (No). If the participant does not remember, select 'U' (Do not remember).

23. Record what the participant was doing when he/she fell and what he/she thinks caused the fall. Record the participant's response verbatim.

24-25. These are questions on difficulty performing ADLs and IADLs. If necessary remind the participant that the questions are referring to difficulty **"Because of any impairment or health problem..."**

26-28. Read the questions and examples as indicated.

**No Difficulty**

**Little Difficulty**

**Unable to Do**

**Unknown/Do Not Do#**

Q. 2-13 (numbers)

**A little**

**Much**