



# INSTRUCTIONS FOR FALLS IN PRIOR 6 MONTHS, MD RECOMMENDATIONS, FALL PREVENTION, VISION

## I. General Instructions

The purpose of this form is to collect various details about the participant's experience with: 1) falling in the prior 6 months, 2) the types of injury prevention recommendations they have received from their physician (based on CDC guidelines); 3) the use of an emergency alert device in the event of falling; and, 4) the quality of their vision while performing certain tasks. Given that we are asking about varied topics in this survey, it is important to orient the participant when the topic is changing and a new set of questions are being asked.

## II. Detailed Instructions for each Item

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.

### Read the opening script:

“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 and 2** ask questions about falls in the prior 6 months. If a participant has difficulty with the time frame of 6-months, simply refer them to the month/year 6 months prior to the visit 6 month/year. If participant did not fall or cannot remember if they fell, please go to item 8.

**3 and 4: Pertain to any falls that occurred in the prior 6 months, not one specific fall.**

**3a:** Includes limiting any type of activity such as household chores, activities of daily living, self-care activities, or exercising.

**3b:** Refers to hitting their head on furniture, other object, or ground as they fell or when they landed on the ground. This does not have to involve a visible injury (e.g., bleeding, contusion).

**3c:** Bone break, fracture or strain to any body part. If this did not occur, skip to question 3E.

**3c1 to 3c3:** If 3c is “Yes” then ascertain the bone or body part that was broken/fractured/strained. Please use the table below to indicate which body part. Up to three can be recorded.

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

**3d:** Any other type of physical injury includes pain, bruising, muscle strain/sprain, body discomfort, or something similar.

**4a:** Going to their physician could also include going to see any healthcare provider, such as a nurse practitioner. This could also include any type of physician such as family medicine, geriatrician, and internal medicine.

**4b. and 4c.** Read questions as written.

**Items 5 through 7** pertains to a single fall. If the participant experienced more than one fall, ask them to provide details about the one fall they deemed to be the most serious or they remember the best. Participants may deem a fall more serious if they sustain an injury, bone break, having to limit their activity, or having been hospitalized. If needed, you can indicate to the participant to select the fall that affected them more with respect to recovering and getting back to their normal, daily routine. We included the wording of a fall “they remember the best” assuming that they may remember one that is more serious. Also, we want to capture as much information as possible about a particular fall.

**5:** Inside is considered indoors, such as being in their home or an establishment. Outside refers to being outdoors in the yard, driveway, parking lot or similar setting.

**6:** The purpose of this question is to determine if this fall happened at the participant’s home versus being elsewhere that may be less familiar to them.

**7a through 7i:** Participants may indicate that several of these factors contributed to their fall. Rather than asking an open ended question about how they fell and documenting this scenario, we are looking to pinpoint specific factors that may have been present when they fell. If the participant jumps ahead and tells you about the circumstances of the fall, it is essential that you read each of these questions to the participant rather than determining if these factors were present based on a scenario that they may have shared with you.

**8 through 12** pertain to questions about if/how the participant’s physician has provided recommendations for fall prevention and/or assessed the participant for their risk of falling. These questions are based in large part with the CDCs recommendations for physician-based assessment of fall risk. [http://www.cdc.gov/steady/pdf/algorithm\\_2015-04-a.pdf](http://www.cdc.gov/steady/pdf/algorithm_2015-04-a.pdf)

**8:** Going to their primary physician could also include going to see any healthcare provider, such as a nurse practitioner. This could also include any type of physician such as family medicine, geriatrician, and internal medicine.

Please read the options and circle the corresponding letter:

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

If the participant cannot remember or does not know, then circle E, but do not read this option to them.

Don’t Remember/Don’t Know [*don’t read*] ..... E

**9a through 9d:** Read questions as written.

**10:** Refers to the Timed Up and Go (TUG) Test which tests mobility. Participants are asked to 1) stand up from the chair; 2) walk at their normal pace to the line (that is placed on the floor by the tester); 3) turn; 4) walk back to the chair at their normal pace; 5) sit down.

[http://www.cdc.gov/steady/pdf/tug\\_test-a.pdf](http://www.cdc.gov/steady/pdf/tug_test-a.pdf)

<http://www.cdc.gov/steady/videos.html>

**11:** Refers to the 4-Stage Balance Test which tests static balance. Participants are instructed to hold four different positions (after demonstrated by the tester) which are progressively more difficult. They are timed to assess if they can hold the position for 10 seconds (positions progress from standing with feet side by side to standing on one foot).

[http://www.cdc.gov/steady/pdf/4-stage\\_balance\\_test-a.pdf](http://www.cdc.gov/steady/pdf/4-stage_balance_test-a.pdf)

<http://www.cdc.gov/steady/videos.html>

**12:** Refers to the 30-Second Chair Stand Test which tests leg strength and endurance. Participants are asked to: 1) sit in the middle of the chair; 2) place their hands on opposite shoulders/crossed at the wrist; 3) keep feet flat on floor, back straight; 4) on “go” they rise to a full standing position and then sit back down again; 5) repeat for 30 seconds.

[http://www.cdc.gov/steady/pdf/30\\_second\\_chair\\_stand\\_test-a.pdf](http://www.cdc.gov/steady/pdf/30_second_chair_stand_test-a.pdf)

<http://www.cdc.gov/steady/videos.html>

**13a through 13e:** Here we ask if participants made any types of changes to their home or activities after incurring a fall. The purpose of these questions is to determine if falling influences these types of behaviors or modifications. These questions are based, in part, from findings from ICARIS-2 in which participants indicated they did not change fall risk behaviors after incurring fall related injury.

<http://www.cdc.gov/Injury/wisqars/pdf/ICARIS2-PublicUse-DataSet-Documentation.pdf>

**14 through 17** refer to emergency response devices worn by the participant such as a necklace or bracelet, which alerts the emergency medical system (EMS) that they have fallen and need assistance. Different brands for this include Medical Alert, Alert 1, First Response System (to name a few). We are seeking to learn if participants have this, and if so, do they wear it/use it.

**14 through 16:** Read the questions as written.

**17:** Read the question as written, followed by reading the three options:

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

If they do not know, then select D, but do not read this option to them.

Don't Know [*don't read*].....D

**18 through 20** ascertain details about participant’s quality of their vision while performing certain tasks. These questions ascertained from an index developed by Hart et al. (1999). This study examined the correlation between a vision specific functional index in individuals with age-related macular degeneration. There was a positive correlation between specific items and distance visual acuity, including items 18 (-0.72), Q19 (-0.55) and Q20 (-0.57). The wording of the questions were modified to reflect those used in Baltimore Longitudinal Study of Aging (BLSA).

Please read the questions as written, followed by the responses as written:

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

If the participant does not know or refuses to answer, then select F, but do not read this option to them.

Don't know/Refuse [*don't read*]..... F

**References**

CDC STEADI

[http://www.cdc.gov/steady/pdf/algorithm\\_2015-04-a.pdf](http://www.cdc.gov/steady/pdf/algorithm_2015-04-a.pdf)

Timed Up and Go (TUG) Test

[http://www.cdc.gov/steady/pdf/tug\\_test-a.pdf](http://www.cdc.gov/steady/pdf/tug_test-a.pdf)

<http://www.cdc.gov/steady/videos.html>

30-Second Chair Stand Test:

[http://www.cdc.gov/steady/pdf/30\\_second\\_chair\\_stand\\_test-a.pdf](http://www.cdc.gov/steady/pdf/30_second_chair_stand_test-a.pdf)

<http://www.cdc.gov/steady/videos.html>

4-Stage Balance Test.

[http://www.cdc.gov/steady/pdf/4-stage\\_balance\\_test-a.pdf](http://www.cdc.gov/steady/pdf/4-stage_balance_test-a.pdf)

<http://www.cdc.gov/steady/videos.html>

Hart et al. A vision specific functional index for use in patients with age related macular degeneration. Br J Ophthalmol. 83: 1115-1120, 1999.

ICARIS-2: The Secondary Injury Control and Risk Survey: USDHHS/CDC/NCIPC

<http://www.cdc.gov/Injury/wisqars/pdf/ICARIS2-PublicUse-DataSet-Documentation.pdf>

Shoulder  
Elbow  
Wrist  
Arm(s)  
Hand(s)/Finger(s)  
Pelvis  
Hip  
Back  
Leg  
Knee  
Ankle

# Foot/Toe(s)

## Q. 3a

6 months

12 months

2 years

Longer than 2 years



# Q. 8

Very likely

Somewhat likely

Not at all likely

# Q. 17

No difficulty

A little difficulty

Moderate difficulty

Extreme difficulty

Can't do because vision is poor

Q. 17-20