

Fall's Questionnaire

ID# _____

subj_id, visit_number, study_date

table: falls

The following questionnaire concerns any medically attended falls you have had over the past 12 months. A fall injury includes those received when a person descends due to force and strikes an injury-producing surface at the same or lower level. Some examples are falls from slipping, tripping, stumbling, being shoved or bumped, colliding into another object or person, or losing your balance. *(Please exclude falls from a traffic or transportation incident like a motorcycle crash.)*

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Falls and Balance Questionnaire

Section 3: Medically Attended Falls Questionnaire

1. In the past 12 months, did you have any fall injuries which were medically-attended or which restricted your normal activity for at least a ½ day?

_____ yes _____ No **past12_fall_injury_yn (YNRD)**
if not Y goto end

If yes, how many different times were you injured from a fall? **past12_num_falls** # of times

If no, **Falls Questionnaire is complete**

2. Please fill in totals for all fall injury episodes in the past 12 months which were medically attended or restricted your normal activities at least a ½ day. *(Enter 0 if none)*

	Totals
# of different times any fall injury episodes were <u>medically attended</u>	num_medical_falls
# of days the fall injuries <u>restricted your normal activities</u> for \geq ½ a day.	days_restricted
# of days of <u>work you missed</u> due to fall injuries	days_of_work_missed
# of different times your fall injury episodes	num_work_related_falls

were work-related

None of the rest of the questionnaire is entered into the database.

3. FALL INJURIES: Please complete questions #1-12 (on the following page) for each separate fall injury episode you had in **the past 12 months** which was/were medically attended or restricted your normal activity by a ½ day or more. Check appropriate boxes or describe where asked to do so. (Please ask technician for another sheet if you have more than three fall injuries.)

Questions #1-12	Fall Injury #1	Fall Injury #2	Fall Injury #3
1. Describe each fall in your own words. <i>(ex. Slipped on ice in parking lot, fell from ladder)</i>			
2. Was it medically attended ?	_____ yes _____ no	_____ yes _____ no	_____ yes _____ no
3. How many day(s) was your normal activity restricted \geq ½ day due to your fall injury? <i>(Enter 0 if none)</i>	_____ # days	_____ # days	_____ # days
4. How many days of work did you miss due to your fall injury? <i>(Enter 0 if none)</i>	_____ # days	_____ # days	_____ # days
5. Was it a work-related injury?	_____ yes _____ no	_____ yes _____ no	_____ yes _____ no
6. Where did you fall?	_____ Home indoors _____ Home Outdoors Other: _____	_____ Home indoors _____ Home Outdoors Other: _____	_____ Home indoors _____ Home Outdoors Other: _____
7. Month/Day/Year of injury			
8. Medically-insured when injured?	_____ yes _____ no	_____ yes _____ no	_____ yes _____ no

9. Rate the severity of each injury (<i>Circle one</i>): Minor Moderate Serious Severe 1 2 3 4	Minor → Severe 1 2 3 4	Minor → Severe 1 2 3 4	Minor → Severe 1 2 3 4
10a. List the injury type. <i>(ex. broken bone, sprain, scrape, bruise)</i>			
10b. List the specific part(s) of your body injured. <i>(ex. upper arm)</i>			
11. Did your injury result in a loss of consciousness?	_____ yes _____ no	_____ yes _____ no	_____ yes _____ no
12. What activity were you doing when injured? <i>(ex. working in the yard)</i>			