

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.)*

<NOTE: logo omitted here to save space>

**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 1/2 day?

\_\_\_\_\_ yes \_\_\_\_\_ No

If yes, how many different times were you injured from a fall? \_\_\_\_\_ # 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 1/2 day. *(Enter 0 if none)*

	Totals
# of different times any fall injury episodes were <u>medically attended</u>	_____
# of days the fall injuries <u>restricted your normal activities for ≥ 1/2 a day</u>	_____
# of days of <u>work you missed</u> due to fall injuries	_____
# of different times your fall injury episodes were <u>work-related</u>	_____

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

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