



Data Collection Worksheet

Please Note: The Data Collection Worksheet (DCW) is a tool to aid integration of a PhenX protocol into a study. The PhenX DCW is not designed to be a data collection instrument. Investigators will need to decide the best way to collect data for the PhenX protocol in their study. Variables captured in the DCW, along with variable names and unique PhenX variable identifiers, are included in the PhenX Data Dictionary (DD) files.

COMPLETE THIS FORM FOR EACH FALL REPORTED ON THE FALL CALENDAR.

DATE OF FALL: ___ ___ / ___ ___ / ___ ___ ___ ___ (MM/DD/YYYY)

IF MULTIPLE FALLS ON THIS DATE: (this survey is with regard to the # fall) ___ of (total # falls) ___ on this date

DATE OF INTERVIEW: ___ ___ / ___ ___ / ___ ___ ___ ___ (MM/DD/YYYY)

Hi, this is [INTERVIEWER NAME] from the Mobilize Boston Study. How are you? I am calling to thank you for sending us the Falls Calendar that you completed for the month of [MONTH]. These questions should take only a few minutes:

IF ONE FALL, SKIP TO QUESTION 1.

IF MORE THAN ONE FALL:

I am going to ask you a series of questions about each fall you reported. First, I would like to ask you some questions about your most recent fall, which occurred on [DATE OF MOST RECENT FALL].

GO TO QUESTION 1.

[FOR EACH SUBSEQUENT FALL USE A NEW SURVEY FORM (MOVING FROM MOST RECENT TO MOST REMOTE FALL), SAY:]

We also note that you fell on [DATE OF FALL]. Now I would like to ask you about that fall.

1. Could you please describe to me, what happened when you fell on [DATE OF FALL].

[RECORD RS RESPONSE VERBATIM.]

[Proceed to administer PROBES 1A-1E on an AS NEEDED basis.]

Probe 1A. What were you doing (when you fell)?

[RECORD RS RESPONSE VERBATIM.]

Probe 1B. Where were you (exactly) when you fell?

[RECORD RS RESPONSE VERBATIM.]

If R already provided you with the information that fall occurred either inside or outside, then skip Probe 1C. If R did NOT provide you with the information that fall occurred either inside or outside, then probe. Check the answer even though not read.

Probe 1C. Did the fall happen inside, or outside?

1 Inside

2 Outside

8 Refused

9 Dont know/non-valid response

Probe 1D. [IF INSIDE FALL] Was the surface of the ground (floor) that you fell on wet or dry?

[IF OUTSIDE FALL] Was the surface of the ground (floor) that you fell on wet, dry, icy, or have snow?

[RECORD RS RESPONSE VERBATIM.]

8 Refused

9 Dont know/non-valid response

Probe 1E. When you fell, did you slip or trip on something (such as table leg, irregularity in floor or sidewalk surface, step, curb, ladder, clothing, or pet)?
RECORD YES OR NO.

0 No

1 Yes

8 Refused

9 Dont know/non-valid response

Next, I'd like to ask you a few more specific questions about your fall. You may already have told me some of this, but I need to make sure I have everything.

2. Did you fall all the way fall to the floor, ground or other lower level when you fell?

0 No, participant did not fall to the ground [GO TO Q3]

1 Yes, participant fell all the way to the ground [GO TO Q3]

8 Refused [GO TO Q3]

9 Dont know/non-valid response [GO TO Q3]

3. What type of shoes were you wearing (if any) when you fell?

[READ CHOICES ONLY IF NEEDED. IF R ANSWERS ANY RESPONSE OTHER THAN THE SEVERAL LISTED, SELECT (14) OTHER AND RECORD ANSWER VERBATIM IN SPACE PROVIDED.]

1 Barefoot, wasnt wearing shoes or socks

2 Socks, stockings, nylons or hose

3 Athletic shoes, sneakers (tied or Velcro)

4 Keds or similar flat-sole canvas shoe (tied or Velcro)

5 Tied oxford shoes, or other tied shoe or buckle shoes (tied or Velcro)

6 Slip-on shoe, loafer

7 Slippers

8 Pumps or high-heels

9 Sandals

10 Work boot or other boot with shoelaces

11 Boots (pull-on)

12 Thongs or flip-flops

13 Special shoe (molded, brace, Aliplast shoe)

14 Other, specify: _____

88 [] Refused

99 [] Dont know

If the fall was OUTDOORS, GO to Q4.

If the fall was INDOORS, SKIP TO Q5.

4. [only ask if R fell OUTDOORS, based on her/his description of fall]: When you fell (outdoors), which one of the following best describes how close you were to your home, when you fell? (Were you

1 [] Just outside your home?

2 [] Not right outside your home, but on the same block as your home? (within 400 feet)

3 [] More than a block from home, but within 6 blocks (◆ mile) of your home? (more than 400 feet, but less than ◆ mile)

4 [] More than 6 blocks (◆ mile) away from your home?

8 [] Refused

9 [] Dont know/non-valid response

5. Was the lighting good enough for you to see well, when you fell?

0 [] No

1 [] Yes

8 [] Refused

9 [] Dont know/non-valid response

6. Did you fall because of a health, or medical problem?

0 [] No [SKIP TO Q8 DIZZY]

1 [] Yes

8 [] Refused

9 [] Dont know/non-valid response

7. [IF YES] What was the health or medical problem? [RECORD VERBATIM]

8. Were you feeling dizzy or lightheaded when you fell?

0 No

1 Yes

8 Refused

9 Dont know/non-valid response

9. Did you faint, pass out, blackout or lose consciousness?

0 No

1 Yes

8 Refused

9 Dont know/non-valid response

10. Did you hurt yourself in any way when you fell?

0 No [SKIP TO Q15 EMERGENCY ROOM]

1 Yes

8 Refused

9 Dont know

11. [If YES] Did you break or fracture a bone? [If not sure, Probe: "Were you told by a doctor, or other health professional, that you fractured a bone?"]

0 No [Skip to Q13 OTHER INJURY]

1 Yes

8 Refused

9 Dont know

12. [IF YES] What bone(s) did you break or fracture? [do not read list, but check all that R mentions that doctor said fractured]

a Head/skull

b Face

c Neck or collar bone

d Ribs

e Back/ spine/ vertebrae

- f Shoulder/ Upper arm
- g Elbow
- h Lower arm
- i Wrist
- j Hand/fingers
- k Pelvis
- l Hip
- m Upper leg/ femur
- n Knee
- o Lower leg
- p Ankle
- q Foot/ toes
- r Other

13. Now I am going to read, a list of some injuries, you may have had from your fall. Can you tell me, yes or no, if you had a:?

[READ ALL RESPONSES AND CHECK ANY THAT R RESPONDS YES]

- a Dislocated joint?
- b Sprain, pulled, or torn muscle, tendon or ligament?
- c Bruise or swelling?
- d Cut or Scrape?
- e Another injury? [SPECIFY BELOW]

8 Refused

9 Dont know/non-valid response

14. [IF ANOTHER INJURY] Probe: Can you describe the injury? [RECORD VERBATIM.]

15. Did you go to the Emergency Room, or to the office of a doctor, or other health professional, because of the fall?

0 [] No [next question]

If yes, Probe: Did you go to the emergency room, or doctors office (or both)?

1 [] Yes, Emergency Room

2 [] Yes, Doctors Office

3 [] Yes, both the ER and the Doctors Office

8 [] Refused

9 [] Dont know

16. Were you admitted for an overnight stay, or longer, in the hospital following your fall?

0 [] No

1 [] Yes

8 [] Refused

9 [] Dont know

[If only one fall or final fall reported]

That was our last question. Thank you for answering these important questions for the MOBILIZE BOSTON study.

Do you have any questions before we hang-up?

Great, be well, and thank you for continuing to participate in this important study.

OR

[IF MORE FALLS WERE REPORTED]

We are now finished with the questions for this fall: Now Id like to move on to our next set of questions. You also recorded a fall on: [...SEE SCRIPT ON PAGE 1]

FOLLOWING SECTION (QUESTIONS 17-23 TO BE COMPLETED BY MOBILIZE BOSTON RESEARCH STAFF AFTER COMPLETING PHONE INTERVIEW WITH RESPONDENT. CODING RESPONSES BASED ON RESPONDENTS Q1 VERBATIM DESCRIPTION OF FALL AND ANSWERS TO PROBES 1A-1E.

17. Identify the ONE response that best describes what participant was doing when

s/he fell. (See Probe 1A.)[CHECK ONLY ONE RESPONSE]

- 1 Stepping on, or off, a curb;
- 2 Getting into, or out of, a car or other vehicle
- 3 Going up stairs (including a stoop)
- 4 Going down stairs (including a stoop)
- 5 Getting onto, or out of, a chair, sofa, bed or toilet;
- 6 Walking;
- 7 Standing
- 8 Sitting or lying
- 9 Other (not included above)
- 88 Refused
- 99 Dont know/non-valid response

18. Select the ONE response that best describes the location of where the fall occurred. (See Probes 1B-1C.)[CHECK ONLY ONE RESPONSE]

- 1 Inside own home
- 2 Inside someone elses home
- 3 Inside other building
- 4 Inside, other (e.g. train, subway, bus)
- 5 Outdoors [SKIP TO Q 20]
- 8 Refused
- 9 Dont know/non-valid response

19. [If the fall occurred INSIDE,] Identify specific location of inside fall. (See Probes 1B.)

[CHECK ONLY ONE RESPONSE]

- 1 Hallway
- 2 Bathroom
- 3 Bedroom

- 4 [] Living room
- 5 [] Dining room
- 6 [] Kitchen
- 7 [] Basement or Cellar
- 8 [] Stairs/Stairwell (Inside)
- 9 [] Escalator
- 10 [] Moving Walkways (e.g., airport walkway)
- 11 [] In a Train/Bus
- 12 [] Other inside location
- 88 [] Refused
- 99 [] Dont know/non-valid response

20. [If the fall occurred outside,] Identify specific location of outside fall.

(See Probe 1B.)

- 1 [] Stairs/Stairwell (outside)
- 2 [] Garden or yard
- 3 [] Sidewalk
- 4 [] Street
- 5 [] Curb
- 6 [] Parking lot
- 7 [] Other outside location
- 8 [] Refused
- 9 [] Dont know/non-valid response

21. Identify the Ground/Floor Surface Condition *(See Probe 1D.)*

- 1 [] Wet
- 2 [] Dry
- 3 [] Snowy/icy

8 [] Refused

9 [] Dont know/non-valid response

22. Did participant slip or trip on something (such as, a table leg, irregularity in floor or sidewalk surface, step, curb, ladder, clothing, or pet)? (See Probe 1E.)

0 [] No

1 [] Yes

8 [] Refused

9 [] Dont know/non-valid response

23. Was participant knocked down by someone or something? (See Probe 1A.)

0 [] No

1 [] Yes

8 [] Refused

9 [] Dont know/non-valid response

For more than one fall on this date or in this month, begin another form.

MONTH YEAR ID #						
SUN	MON	TUES	WED	THURS	FRI	SAT
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29

30	31		MAIL CARD PLEASE!	PLEASE MARK AN "F" ON EACH DAY YOU HAD A FALL, AND "N" ON EACH DAY YOU DID NOT FALL.
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PLEASE CIRCLE YOUR ONE BEST ANSWER.

In the past month, how much bodily pain have you had?

None Very Mild Mild Moderate Severe Very severe

ONLY IF YOU HAD A FALL THIS MONTH, PLEASE ANSWER THE FOLLOWING QUESTIONS ABOUT THE FALL. *IF YOU FELL MORE THAN ONE TIME THIS MONTH, PLEASE ANSWER THE QUESTIONS ABOUT THE FIRST FALL ONLY.* [WE WILL CALL YOU TO ASK ABOUT YOUR OTHER FALLS] (Circle YES or NO)

Did you injure yourself as a result of your fall? YES NO

If YES, did you have any of the following (check all that apply):

hit your head hard (or head injury)

broken hip

other injury (_____)

Did you go to the emergency room or stay overnight in the hospital because of the fall? (Circle YES or NO)

Went to the emergency room because of the fall YES NO

Stayed overnight in the hospital because of the fall YES NO