

Participant ID

Nickname

Outcome visit

Diabetes Prevention Program Outcomes Study
R25 Falls Report

This form is interviewer-administered at any annual visit if a fall is reported on the F02 Annual Visit Inventory or F06 Non-Clinic Visit Inventory form.

A. Participant Identification

1. Clinic number

2. Participant number

3. Nickname

4. Date of randomization
month day year

5. Sex Male 1 Female 2

6. Outcome visit VISIT

7. Date of report
month day year

R25RPTDT
Replaced by
DAYSRAND

B. Falls Assessment

1. How many times did you fall in the past 12 months? R25FALLT Times

2. Were you injured in any of the falls? R25INJUR Yes 1 No 2

If YES,

a. How many falls resulted in a major injury (suture/stitches, fracture, concussion, loss of consciousness, hospitalization)? R25MRINJUR Falls

b. Of the falls that did not result in a major injury, how many falls resulted in a minor injury (small bruise or cut)? R25MNINJUR Falls

c. For how many falls were you evaluated by a doctor? R25DOC Falls

Identification code of person reviewing completed form: Form entered in computer?

Participant ID

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Nickname

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Outcome visit

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Please answer the following questions about your most recent fall:

3. Did your fall take place indoors or outdoors? **R25INOUT** Indoors Outdoors
4. What were you doing at the time of the fall?

MARK WITH AN 'X' ALL THAT APPLY

- a. Walking on level ground..... **R25GROUND**
- b. Walking up or down stairs, steps, or curb **R25WALK**
- c. Physical work or chores **R25WORK**
- d. Carrying or bending **R25CARRY**
- e. Bathing, dressing, or on toilet..... **R25BATH**
- f. Sports, exercise, or physical activity..... **R25SPORT**
- g. Standing **R25STAND**
- h. Other **R25FALLOTH**

1. **IF OTHER**, specify:

5. What do you think was the reason for your fall?

MARK WITH AN 'X' ALL THAT APPLY

- a. Hypoglycemic/low blood sugar event..... **R25SUGAR**
- b. Slipped or tripped..... **R25SLIP**
- c. Not paying attention **R25ATTEN**
- d. Surrounding hazards (e.g. wet or uneven floor, ice)..... **R25HAZARD**
- e. Overbalances/over-reached **R25BALAN**.....
- f. Misjudged distance **R25DIST**
- g. Fainted **R25FAINT**.....
- h. Dizzy..... **R25DIZZY**.....
- i. Legs gave way..... **R25LEGS**.....
- j. Illness **R25ILL**.....
- k. Knocked over by someone/something **R25KNOCK**.....
- l. Don't know..... **R25DNTKNO**.....
- m. Other **R25WHYOTH**.....

1. **IF OTHER**, specify: