

Participant ID:

{pid}

Date of Visit:

{d_form}

Acrostic:

{acrostic}

Administered By:

{compby}

Visit Code:

{visit_code}

Barcode:

{barcode}

1. **Since [the last contact date], how many times did you fall and land on the floor or ground? (Do not include falls due to sports activities such as skiing or horseback riding):**

{fallcnt}

- ()
- (F) 0- None
- (G) 1- 1 Time
- (H) 2- 2 Times
- (4) 3- 3 Or mor
- (5) 4- Do not kn

2. **Did you see a doctor (or go to the emergency room) because of these falls?**

{seedoc}

- ()
- (1) 1- Yes
- (2) 2- No
- (3) 3- Do not kn

Falls

PID: _____ ADMINISTERED BY:

ACROSTIC: _____

VISIT: _____

DATE of VISIT: / / 20



1. Since [the last contact date], how many times did you fall and land on the floor or ground?
(Do not include falls due to sports activities such as skiing or horseback riding.)

- None → **STOP**
- 1 time
- 2 times
- 3 or more times
- Do not know

2. Did you see a doctor (or go to the emergency room) because of these falls?

- Yes
- No
- Do not know