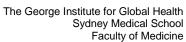




## Ongoing fall prevention behaviour after participation in the Stepping On fall prevention program Follow up questionnaire

| wan | ame:  |                         | Date:               |                        |                      |          |
|-----|---|-------------------------|---------------------|------------------------|----------------------|----------|
| 1.  | When did you complet  | e the <i>Stepping (</i> | On program?         |                        |                      |          |
|     | Month   | Year                    |                     |                        |                      |          |
| 2.  | Did you complete the v  | whole <i>Stepping</i>   | On program? Yes ,   | <sup>/</sup> No        |                      |          |
|     | If not, why didn't you o  | complete the wh         | nole program? (ple  | ease tick all that app | ly)                  |          |
|     | ☐ III health  | ☐ Did not               | enjoy the program   | □ Carer respor         | sibilities           |          |
|     | ☐ Did not find the pro  | gram useful [           | ☐ Difficulty access | ing transport to atte  | end                  |          |
|     | ☐ Other (please specif  | y reason)               |                     |                        |                      |          |
| 3.  | (Include any fall includi<br>ground or lower level)   | ing a slip or trip      |                     | your balance and lar   | nded on the floor or |          |
|     | If yes, how many of the   | ese falls required      | d medical attentio  | n?                     |                      |          |
|     | If yes, how many of the   | ese falls resulted      | d in a fracture?    |                        |                      |          |
| 4.  | To what extent do you   | agree or disagr         | ee with the follow  | ing statements?:       |                      |          |
|     | a) The <i>Stepping On</i> pr  | rogram has mad          | e me more aware     | of the problem of fa   | alls                 |          |
| St  | Strongly agree Ag   | ree Neutral             | Disag               | ree Strongly disa      | gree                 |          |
|     | b) The Stepping On proparticipated in Stepping  | -                       | e more motivated    | to improve my safet    | y compared to before | <u> </u> |
| C1  | Star and the star | No. No. tuel            | Piace               | Charach dia            |                      |          |
| Sί  |   | gree Neutral            | J                   |                        |                      |          |
|     | <ul><li>c) The Stepping On probefore I participated in</li></ul>  | -                       | e more motivated    | to regain my indepe    | ndence compared to   |          |
|     |   |                         |                     |                        |                      |          |
|     | Strongly agree Ag   | ree Neutral             | Disag               | ree Strongly disa      | gree                 |          |

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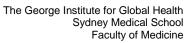


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| _<br>Stro | ngly agree              | Agree        | Neutral          | Disagree               | Strongly disagree             |                |
|-----------|-------------------------|--------------|------------------|------------------------|-------------------------------|----------------|
| e)        | I would recom           | mend the     | Stepping On pro  | ogram to friends a     | nd family                     |                |
|           |                         |              |                  |                        |                               |                |
| tron      | gly agree               | Agree        | Neutral          | Disagree               | Strongly disagree             |                |
|           | , .                     |              |                  |                        | in a regular exercise that ap |                |
|           | Yes, I was alre<br>week | eady doing   | such a program   | before <i>Stepping</i> | On and have continu           | ued at least o |
|           | I am doing a:           | □ home-      | based program    | ☐ group-based          | □ both                        |                |
|           | Program deta            | ils          |                  |                        |                               |                |
|           | Yes, I comme            | nced a nev   | v exercise progr | am and am still ta     | king part at least on         | ce / week      |
|           | I am doing a:           | □ home-      | based program    | ☐ group-based          | l □ both                      |                |
|           | Program deta            |              |                  |                        |                               |                |
|           | _                       |              | ed participation |                        |                               | •              |
| Ш         |                         |              |                  | □ group base           | d □ both                      |                |
|           |                         |              |                  | ☐ group base           |                               |                |
|           | Program deta            |              |                  |                        |                               |                |
|           | Why did you             | stop partic  | ipating?         |                        |                               | -              |
|           | No, but inten           | d to start a | program soon     |                        |                               |                |
|           | I will commer           | nce a: 🗆 ho  | ome-based prog   | ram 🗆 group b          | based $\square$ both          |                |
|           | Program deta            | ils          |                  |                        |                               |                |
|           | No, and do no           | ot intend to | take part in a p | program in the fut     | ture                          |                |
|           | No, I was doir          | ng such a p  | rogram before    | Stepping On and h      | nave now stopped              |                |
|           | Program deta            | ils          |                  |                        |                               |                |
|           |                         |              |                  | so?                    |                               |                |

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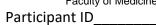


Is there anything that would motivate you to take up an exercise program in the future?

| 6.                   | After completing the Stepping On profalling? Please tick all that apply:  | ogram did you use a    | ny other        | strategies          | to reduc          | ce your ris    | k of           |
|----------------------|---|------------------------|-----------------|---------------------|-------------------|----------------|----------------|
| [                    | I had cataract surgery  |                        |                 |                     |                   |                |                |
| [                    | I use some safe walking strategies sunglasses for outdoors)   | s (e.g., heel-toe wall | king, scar      | nning ahea          | ıd as I wa        | ilk, non-gl    | are            |
| [                    | I installed better lighting in my ho  | ome                    |                 |                     |                   |                |                |
| [                    | I changed the environment at hor installed grab rails, , outdoor sens   | •                      |                 |                     | -                 |                | es,            |
| [                    | I saw my GP or pharmacist to revi<br>may increase risk of falls   | ew my medications      | and disc        | uss how to          | o manage          | e medicati     | ions that      |
| [                    | I have started taking a Vitamin D s   | supplement             |                 |                     |                   |                |                |
| [                    | I have checked my shoes and slipp   | pers to make sure th   | ney fit we      | ell and the         | soles are         | not too s      | slippery       |
| [                    | Other, please specify   |                        |                 |                     |                   |                |                |
| 7. Pl                | hysical Activity (Incidental and Planne   | ed Exercise Question   | nnaire)         |                     |                   |                |                |
|                      | the past three months, how much tirer week?   | me did you spend in    | the follo       | wing phys           | sical activ       | rities on av   | verage         |
|                      | Never [ ] (please go to que   | stion b)               |                 |                     |                   |                |                |
|                      | Never [ ] (please go to que   | Number of              |                 | Number o            | f minutes         | -              |                |
|                      | Never [ ] (please go to que:  | ·                      | <30             | 30-45               | 45+               | 1-2hrs         | on<br>2-4hrs   |
| Exer                 | Never [ ] (please go to que   | Number of              |                 |                     |                   | -              |                |
| Hom                  | Never [ ] (please go to que:  | Number of              | <30             | 30-45               | 45+               | 1-2hrs         | 2-4hrs         |
| Hom<br>stret         | Never [ ] (please go to queso de la company | Number of              | <30             | 30-45               | 45+<br>[ ]        | 1-2hrs         | 2-4hrs         |
| Hom<br>stret<br>Othe | Never [ ] (please go to question of the control of | Number of              | <30<br>[]       | 30-45               | 45+<br>[ ]        | 1-2hrs [ ]     | 2-4hrs [ ] [ ] |
| Hom<br>stret<br>Othe | Never [ ] (please go to question of the control of | Number of              | <30<br>[]<br>[] | 30-45<br>[ ]<br>[ ] | 45+<br>[ ]<br>[ ] | 1-2hrs [ ] [ ] | 2-4hrs [ ] [ ] |

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| c) In these walks for activity, how long did yo         | u walk for?  |
|---|--|
| Less than 15mins/day                                    |  |
| 15mins to less than 30mins/day                          | []   |
| 30mins to less than 1 hour/day                          |  |
| 1 hour to less than 2 hours/day                         |  |
| 2 hours to less than 4 hours/day                        | []   |
| 4 or more hours/day                                     | []   |
|   | LJ   |
| d) During the past three months, how often I            | nave you been on other walks (i.e. walk to general practitioner, |
| pharmacy, or store) on average per week.                |  |
| Every day   | []   |
| 3-6 times/week  | []   |
| Twice/week  | []   |
| Once/week   | []   |
| Less than once/week                                     | []   |
| Never (please go to question f)                         | []   |
|   | II. fav2   |
| e) In these other walks, how long did you wa            |  |
| Less than 15mins/day                                    |  |
| 15mins to less than 30mins/day                          |  |
| 30mins to less than 1 hour/day                          |  |
| 1 hour to less than 2 hours/day                         |  |
| 2 hours to less than 4 hours/day<br>4 or more hours/day |  |
| 4 of more nours/day                                     | []   |
| f) In the past three months, in addition to the         | e walking you mentioned above, how much time did you spend       |
|   | hysical activity such as house maintenance and gardening?        |
| (Excluding housework and activities inside              |  |
| Never (i.e. no garden)                                  |  |
| Less than 15mins/day                                    |  |
| 15mins to less than 30mins/day                          |  |
| 30mins to less than 60mins/day                          | []   |
| 1 hour to less than 2 hours/day                         | []   |
| 2 hours to less than 4 hours/day                        | []   |
| 4 or more hours/ day                                    | []   |
| a) In the past three menths have many hours             | did you spand an your fact each day indoors at home daing        |
| tasks like housework, self care or care for             | s did you spend on your feet each day indoors at home doing      |
| Never (i.e. living in hostel, assisted liv              | ·  |
| Less than 15mins/day                                    | ving) [ ]  |
| 15mins to less than 30mins/day                          | [ ]  |
| 30mins to less than 60mins/day                          | [ ]  |
| 1 hour to less than 2 hours/day                         | [ ]  |
| 2 hours to less than 4 hours/day                        | [ ]  |
| 4 or more hours/day                                     | [ ]<br>[ ]   |
| + or more mours/uay                                     |  |

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|                 | 0 |
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## 8. The Falls Behavioural (FaB) Scale for the Older Person

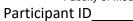
The FaB scale is a list of 30 statements that describes things we do in our everyday lives. Please read each statement carefully. Circle how much each statement describes the things you do in your daily life. For example:

Never Sometimes Often Always

Only circle 'Doesn't apply' if the situation is something to which you are not exposed to (for example, if you do not have a phone)

| Would this describe the things you do in your daily life?  |              | Circle         | which one | applies |                  |
|--|--------------|----------------|-----------|---------|------------------|
| 1. When I stand up I pause to get my balance   |              | Some-          |           |         |                  |
| 1. When i stand up i pause to get my balance   | Never        | times          | Often     | Always  |                  |
| 2. I do things at a slower pace  | Never        | Some-<br>times | Often     | Always  |                  |
| 3. I talk with someone I know about things I do that might help prevent a fall                     | Never        | Some-<br>times | Often     | Always  |                  |
| 4. I bend over to reach something only if I have a firm handhold                                   | Never        | Some-<br>times | Often     | Always  | Doesn't<br>apply |
| 5. I use a walking stick or walking aid when I need it   | Never        | Some-<br>times | Often     | Always  | Doesn't<br>apply |
| 6. When I am feeling unwell I take particular care doing everyday things                           | Never        | Some-<br>times | Often     | Always  | Doesn't<br>apply |
| 7. I hurry when I do things  | Never        | Some-<br>times | Often     | Always  | , , ,            |
| 8. I turn around quickly   | Never        | Some-<br>times | Often     | Always  |                  |
| Now, these are   | things you   | do indoors     |           |         |                  |
| 9. To reach something up high I use the nearest chair, or whatever furniture is handy, to climb on | Never        | Some-<br>times | Often     | Always  | Doesn't<br>apply |
| 10. I hurry to answer the phone  | Never        | Some-<br>times | Often     | Always  | Doesn't<br>apply |
| 11. I get help when I need to change a light bulb  | Never        | Some-<br>times | Often     | Always  | 117              |
| 12. I get help when I need to reach something very high  | Never        | Some-<br>times | Often     | Always  |                  |
| 13. When I am feeling ill I take special care of how I get up from a chair and move around         | Never        | Some-<br>times | Often     | Always  | Doesn't<br>apply |
| 14. When I am getting down from a ladder or step stool I think about the bottom rung/ step         | Never        | Some-<br>times | Often     | Always  | Doesn't<br>apply |
| Now, these are ab  | out lighting | g and eyesig   | ht        |         |                  |
| 15. I notice spills on the floor   | Never        | Some-<br>times | Often     | Always  |                  |
| 16. I use a light if I get up during the night   | Never        | Some-<br>times | Often     | Always  |                  |
| 17. I adjust the lighting at home to suit my eyesight  | Never        | Some-<br>times | Often     | Always  |                  |
| 18. I clean my spectacles  | Never        | Some-<br>times | Often     | Always  | Doesn't<br>apply |
| 19. When wearing bifocals or trifocals I misjudge  | Never        | Some-          | Often     | Always  | Doesn't          |

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| a step or do not see a change in floor level          |              | times        |       |        | apply   |
|---|--------------|--------------|-------|--------|---------|
| Now, these  | e are about  | shoes        |       |        |         |
| 20. When I buy shoes I check the soles to see if      | Never        | Some-        | Often | Always |         |
| they are slippery                                     |              | times        |       |        |         |
| Now, these a  | are things o | outdoors     |       |        |         |
| 21. When I walk outdoors I look ahead for             | Never        | Some-        | Often | Always |         |
| potential hazards                                     |              | times        |       |        |         |
| 22. I avoid ramps and other slopes                    | Never        | Some-        | Often | Always |         |
|   |              | times        |       |        |         |
| 23. I go out on windy days                            | Never        | Some-        | Often | Always |         |
|   |              | times        |       |        |         |
| 24. When I go outdoors I think about how to           | Never        | Some-        | Often | Always |         |
| move around carefully                                 |              | times        |       |        |         |
| 25. I cross at traffic lights or pedestrian crossings | Never        | Some-        | Often | Always | Doesn't |
| whenever possible                                     |              | times        |       |        | apply   |
| 26. I hold onto a handrail when I climb stairs        | Never        | Some-        | Often | Always | Doesn't |
|   |              | times        |       |        | apply   |
| 27. I avoid walking about in crowded places           | Never        | Some-        | Often | Always |         |
|   |              | times        |       |        |         |
| 28. I keep shrubbery and plants trimmed back on       | Never        | Some-        | Often | Always | Doesn't |
| the pathways to my front/ back doors                  |              | times        |       |        | apply   |
| 29. I carry groceries up the stairs only in small     | Never        | Some-        | Often | Always | Doesn't |
| amounts   |              | times        |       |        | apply   |
| And, finally, these                                   | e are about  | t medication | s     |        |         |
| 30. I ask my pharmacist or Dr questions about         | Never        | Some-        | Often | Always | Doesn't |
| side effects of my medications                        |              | times        |       |        | apply   |

Thank you for completing this questionnaire

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