

Questionnaire to assess attitudes to balance and falling-related interventions

Why measure attitudes to interventions?

However good your intervention is, it can only help people who take it up. Between 50% and 90% of people reject falls-related interventions, and it is important to know why so that interventions can be offered in the most acceptable way, to improve uptake and adherence. Using the Attitudes to Falls-Related Interventions Scale (AFRIS) will allow comparison between the acceptability of different interventions (based on the mean total scores of all patients offered them). In addition, the individual items can be used to identify the different reasons why people reject an intervention. This information can be used to modify the way the intervention is presented (e.g. to improve confidence in being able to do it) or to identify and then address the specific concerns of particular individuals.

Background to this questionnaire.

This questionnaire is based on the widely used Theory of Planned Behaviour, which specifies very precisely how the attitudes and intentions that predict behaviour should be measured. Consequently, it is important to follow closely the wording and instructions for these questionnaires. This is a short version we are developing that should be suitable for any falling-related intervention; the items are based on items validated in a longer questionnaire.

When adapting the questionnaire for a particular application, it is essential to first describe precisely the behaviour that the respondent is being asked about, and to use the same description of this behaviour in all the questionnaire items. For example, if the intervention involved wearing hip protectors then there should be a short introduction to the questionnaire explaining what hip protectors are and exactly how they should be worn (e.g. how much of the time), and then the words 'doing the intervention' would be replaced by the phrase 'wearing hip protectors' throughout.

Attitudes to the intervention can be measured in two ways. This questionnaire provides what is called a 'direct' measure of attitudes. These items give a simple indication of whether the respondent believes that the intervention will have positive outcomes for him/her. It is often also useful to assess the beliefs about the intervention that feed into these attitudes. Interviews with patients, combined with clinical experience, can be used to develop items to assess specific beliefs relating to different interventions, but of course these items would then need to be validated.

Scoring the questionnaire

It is often useful to assess the following components of people's attitudes separately (in our validation study each component contributed *separately* to intentions to take up the intervention). In this questionnaire each item is rated so that you can see immediately whether people have a positive, neutral or negative attitude on that component. Items 1 and 2 measure *Attitudes*, which consist of a) expectations for objective outcomes of the intervention (1) and b) how the intervention will make you feel subjectively (2). Item 3 measures *Subjective norm*. This means the extent to which the respondent thinks that relevant people believe they should carry out the intervention. Item 4 assesses *Perceived behavioural control*. This is the extent to which the respondent believes that IF they wanted to do the intervention they would be able to do it. *Identity* is measured item 5. Although this is not usually a component of the Theory of Planned Behaviour, recent research suggests it may be important, and it proved to be one of the strongest predictors of intention to carry out the intervention in our initial validation study. The final component is *Intention* to do the intervention, which should be predicted by the other items.

To get a total score for the whole questionnaire simply number all the responses to items from 1 to 6 and add them all together. This will result in a measure of how positive the respondent is about the intervention overall (the range of possible scores is 6 to 42).

Your views on '[intervention]'

We want to know whether or not you think [intervention] would be right for YOU, and the reasons why it would or would not be right for you. We know that often people have very good reasons for deciding that [intervention] is not suitable for them – and we need to know what these reasons are. So there are no right or wrong answers - we really want to know what YOU think of [intervention]. It is very important that you fill in every question. Please tick the box that is closest to your opinion.

1. Doing [intervention] would be good for me

Disagree Disagree Disagree Neither agree Agree Agree Agree
strongly slightly nor disagree slightly strongly

2. Doing [intervention] would make me feel confident

Disagree Disagree Disagree Neither agree Agree Agree Agree
strongly slightly nor disagree slightly strongly

3. Other people whose opinions matter to me (e.g. family, friends, doctor) would think it was a good idea for me to do [intervention]

Disagree Disagree Disagree Neither agree Agree Agree Agree
strongly slightly nor disagree slightly strongly

4. If I wanted to, it would be easy for me to do [intervention]

Disagree Disagree Disagree Neither agree Agree Agree Agree
strongly slightly nor disagree slightly strongly

5. I am the kind of person who should do [intervention]

Disagree Disagree Disagree Neither agree Agree Agree Agree
strongly slightly nor disagree slightly strongly

6. I intend to do [intervention] if I am offered the opportunity

Disagree Disagree Disagree Neither agree Agree Agree Agree
strongly slightly nor disagree slightly strongly