

## Stay On Your Feet® Computer Assisted Telephone Interview (CATI) pre-survey

This survey is based on the 2002 CATI pre-survey undertaken as part of the Stay on Your Feet Wide Bay/Burnett trial project. The survey was developed by Queensland Health in partnership with Injury Prevention and Control (Australia) Ltd, North Coast Area Health Service and Queensland University of Technology.

### CALL INTRO

Hello. My name is [interviewer's name]. I'm calling from [organisation name]. [Organisation name] is currently conducting interviews with people aged 60 years and over about falls and preventing falls.

- A    Can I check whether I have called [read out telephone number]? Thank you.

[INTERVIEWER: If necessary, explain their telephone number was selected at random by a computer and that participation is voluntary and confidential.]

- B    I would like to speak to a man/woman living in the household who is aged 60 years or more. Does anyone in your household fit this description?

- Yes > go to C
- No > thank respondent and end call

[INTERVIEWER: If respondent queries why you need to speak to a particular gender, explain that a certain number of men and women need to be interviewed to obtain a balanced response.]

- C    How many people aged 60 years or more live in your household?

- One > skip to E
- More than one > go to D
- Refused to answer > thank respondent and log refusal

**D Since there is more than one person who meets our criteria, I'd like to speak to the person aged 60 years or more who most recently had their birthday. Are you that person?**

- Yes > go to E
- No > ask to speak to eligible person

[INTERVIEWER: *If respondent is a new person, repeat CALL INTRO only then skip to E.*]

**E Could you spare a little time to answer some questions for me about falls and preventing falls?**

- Agreed to interview > go to F
- Agreed to interview but suggested a call back > make appointment to call back
- No > thank respondent and log refusal

#### **INTERVIEW INTRO**

**F Before we begin, I should stress the importance of answering questions as accurately as possible. Feel free to take as much time as you need before you respond. If there are any questions you would rather not answer, just say so. So you are aware, my supervisor monitors some calls for training and quality purposes.**

**Q1** Firstly, I'd like to ask you some general questions about older people falling over. By a fall, I mean where people accidentally lose their balance, trip or slip and find themselves on the floor or ground. I am going to say a sentence and ask you if you agree or disagree.

**"Older people fall and there is nothing that can be done about it."**

**Do you agree or disagree?**

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly disagree
- 5 Neither agree nor disagree
- 6 Don't know
- 7 Refused to answer

**Q2** This question is about your chance of falling. Do you think your chance of falling is low, medium or high?

- 1 Low
- 2 Medium
- 3 High
- 4 Don't know
- 5 Refused to answer

**Q3 How high a priority is preventing falls for you? Would you say:**

(INTERVIEWER: Read options 1-5, and note any comments made about why it is a priority.)

- 1 Very high priority
- 2 High priority
- 3 Medium priority
- 4 Low priority
- 5 Very low priority
- 6 Don't know
- 7 Refused to answer

**Q4 The next few questions are about injuries related to falls. By a fall, I mean where you accidentally lost your balance, tripped or slipped and found yourself on the floor or ground.**

**Have you suffered a fall in the last 12 months?**

- 1 Yes > go to Q5
- 2 No > skip to Q12a
- 3 Don't know > skip to Q12a
- 4 Refused to answer > skip to Q12a

**Q5 How many times have you fallen in the last 12 months?**

- 1 Once
- 2 Twice
- 3 Three times or more
- 4 Don't know
- 5 Refused to answer

**Q6 Have you suffered any injuries as a result of any fall in the last 12 months?**

**By injuries, I mean anything from bruises or cuts to broken bones or concussion.**

- 1 Yes
- 2 No
- 3 Don't know
- 4 Refused to answer

**Q7 Did you go to a hospital as a result of any fall in the last 12 months?**

- 1 Yes > go to Q8
- 2 No > skip to Q9
- 3 Don't know > skip to Q9
- 4 Refused to answer > skip to Q9

**Q8 Were you admitted to the hospital as a result of any fall in the last 12 months?**

- 1 Yes > skip to Q10
- 2 No
- 3 Don't know
- 4 Refused to answer

**Q9 Did you need to get medical treatment from a health professional like a doctor, nurse, ambulance, chiropractor, physiotherapist or pharmacist for any falls in the past 12 months?**

- 1 Yes
- 2 No
- 3 Don't know
- 4 Refused to answer

If respondent has had one fall in last 12 months > skip to 12a

If respondent has had more than one fall in last 12 months > go to Q10

**Q10 The next question asks you about your most serious fall in the last 12 months. What sort of injury or injuries did you suffer in your most serious fall in the last 12 months? Would you say:**

(INTERVIEWER: Read options 1-8, multiple responses allowed)

- 1 Pain
- 2 Bruises
- 3 Cuts or grazes
- 4 Broken bones
- 5 Dislocation
- 6 Sprain or strain
- 7 Unconsciousness
- 8 Concussion
- 9 Other (please specify) \_\_\_\_\_
- 10 None of the above
- 11 Don't know
- 12 Refused to answer

**Q11** The next question asks you about your most recent fall.  
Did you go to a hospital as a result of your most recent fall?

- 1 Yes
- 2 No
- 3 Don't know
- 4 Refused to answer

**Q12a** I am now going to ask some questions about whether you have talked about various health issues with a health professional such as a doctor, nurse, pharmacist, physiotherapist or chiropractor.

Have you ever discussed ways of preventing or reducing falls with a health professional?

- 1 Yes > go to Q12b
- 2 No > skip to Q13a
- 3 Don't know > skip to Q13a
- 4 Refused to answer > skip to Q13a

**Q12b Who did you talk to about this?**

(INTERVIEWER: Multiple responses allowed, prompt with “is there anyone else?”)

- 1 Doctor
- 2 Pharmacist
- 3 Nurse
- 4 Physiotherapist
- 5 Podiatrist
- 6 Chiropractor
- 7 Other (specify) \_\_\_\_\_
- 8 Don't know
- 9 Refused to answer

**Q13a Have you ever discussed exercise or physical activities you might do with a health professional such as a doctor, nurse, pharmacist, physiotherapist or chiropractor?**

- 1 Yes > go to Q13b
- 2 No > skip to Q14a
- 3 Don't know > skip to Q14a
- 4 Refused to answer > skip to Q14a

**Q13b Who did you talk to about this?**

(INTERVIEWER: Multiple responses allowed, prompt with “is there anyone else?”)

- 1 Doctor
- 2 Pharmacist
- 3 Nurse
- 4 Physiotherapist
- 5 Podiatrist
- 6 Chiropractor
- 7 Other (specify) \_\_\_\_\_
- 8 Don't know
- 9 Refused to answer

**Q14a Have you ever discussed with a health professional about whether you need an aid to help you walk?**

- 1 Yes > go to Q14b
- 2 No > skip to Q15
- 3 Don't know > skip to Q15
- 4 Refused to answer > skip to Q15

**Q14b Who did you talk to about this?**

(INTERVIEWER: Multiple responses allowed, prompt with “is there anyone else?”)

- 1 Doctor
- 2 Pharmacist
- 3 Nurse
- 4 Physiotherapist
- 5 Podiatrist
- 6 Chiropractor
- 7 Other (specify) \_\_\_\_\_
- 8 Don't know
- 9 Refused to answer

**Q15 How many prescription medications do you currently take?**

- 1 One
- 2 Two
- 3 Three
- 4 Four or more
- 5 None > skip to Q17
- 6 Don't know > skip to Q17
- 7 Refused to answer > skip to Q17

**Q16a If you currently take prescription medications, have you talked to a health professional about any possible side-effects from these?**

(INTERVIEWER: Medications = prescribed only)

- 1 Yes
- 2 No > skip to Q17
- 3 Don't take medications > skip to Q17
- 4 Don't know > skip to Q17
- 5 Refused to answer > skip to Q17

**Q16b Who did you talk to about this?**

(INTERVIEWER: Multiple responses allowed, prompt with "is there anyone else?")

- 1 Doctor
- 2 Pharmacist
- 3 Nurse
- 4 Physiotherapist
- 5 Podiatrist
- 6 Chiropractor
- 7 Other (specify) \_\_\_\_\_
- 8 Don't know
- 9 Refused to answer

**Q17 This question is about shoes. How often do you wear low-heeled shoes with a non-slip sole? Would you say:**

(INTERVIEWER: Read out options 1-4)

- 1 Daily or almost daily (six to seven days per week)
- 2 Several days per week (three to five days per week)
- 3 One to two days per week
- 4 Less than once a week
- 5 Don't know
- 6 Refused to answer

**Q18 This question is about making changes to your home to prevent you from falling. Have you, or someone else, made changes to your home to prevent falls?**

- 1 Yes
- 2 Relocated to a safer home (do not prompt this response)
- 3 No
- 4 Don't know
- 5 Refused to answer

**Q19 Have you had your eyes checked in the past two to three years?**

- 1 Yes
- 2 No
- 3 Don't know
- 4 Refused to answer

**Q20 How many times a day would you have a serve of high-calcium food (eg. dairy products, soy products, or canned fish with bones)?**

(INTERVIEWER: If asked what “a serve” is, say: “Examples of one serve are a cup of milk, a small tub of yogurt, a cup of custard, or 40 grams/two slices of cheese”. If participant says “it varies”, ask how many serves on a normal/typical day. Do not include calcium supplements in the response.)

- 1 Three or more times
- 2 One to two times
- 3 Never/rarely
- 4 Don’t know
- 5 Refused to answer

**Q21a Do you use a wheelchair to get around?**

- 1 Yes > go to Q21b
- 2 No > skip to Q22a
- 3 Don’t know > skip to Q22a
- 4 Refused to answer > skip to Q22a.

**Q21b Do you use the wheelchair inside the home only, outside the home only or both inside and outside the home?**

- 1 Inside home only
- 2 Outside home only
- 3 Both inside and outside home > skip to Q26a
- 4 Other (specify) \_\_\_\_\_
- 5 Don't know
- 6 Refused to answer

**Q22a Do you use a walking aid?**

- 1 Yes
- 2 No > skip to Q23a
- 3 Don't know > skip to Q23a
- 4 Refused to answer > skip to Q23a

**Q22b Do you use the walking aid inside the home only, outside the home only or both inside and outside the home?**

- 1 Inside home only
- 2 Outside home only
- 3 Both inside and outside home
- 4 Other (specify) \_\_\_\_\_
- 5 Don't know
- 6 Refused to answer

**Q23a Next I have some questions about your physical activities in a usual week.**  
Firstly, I am going to ask you about moderate physical activities and then I am going to ask you about vigorous physical activities.

This question is about moderate activities which cause some increase in breathing or heart rate. They may include things like brisk walking, bicycling, vacuuming, gardening, or anything else that causes some increase in breathing or heart rate.

The question is: in a usual week, do you do moderate activities for at least 10 minutes at a time?

- 1 Yes
- 2 No > skip to Q24
- 3 Don't know > skip to Q24
- 4 Refused to answer > skip to Q24

**Q23b And on how many days do you do moderate activities for at least 10 minutes at a time?**

**INTERVIEWER:** Number of whole DAYS \_\_\_\_\_

**Q23c** On days when you do moderate activities for at least 10 minutes at a time, how much total time in the day do you spend doing these activities?

- 1 Specified time in HOURS and MINUTES per day

**INTERVIEWER:** Number of whole HOURS (exact or approximate)

\_\_\_\_\_ HOURS per day

Number of MINUTES (half an hour = 30 minutes)

\_\_\_\_\_ MINUTES per day

- 2 Don't know

- 3 Refused to answer

**Q24** This question is about vigorous activities which cause large increases in breathing or heart rate. They may include things like running, aerobics or heavy yard work.

The question is: in a usual week, do you do vigorous activities for at least 10 minutes at a time?

- 1 Yes

- 2 No > skip to Q26a

- 3 Don't know > skip to Q26a

- 4 Refused to answer > skip to Q26a

**Q24a** And on how many days do you do vigorous activities for at least 10 minutes at a time?

**INTERVIEWER:** Number of whole DAYS \_\_\_\_\_

**Q24b** On days when you do vigorous activities for at least 10 minutes at a time, how much total time in the day do you spend doing these activities?

- 1 Specified time in HOURS and MINUTES per day

**INTERVIEWER:** Number of whole HOURS (exact or approximate)

\_\_\_\_\_ HOURS per day

Number of MINUTES (half an hour = 30 minutes)

\_\_\_\_\_ MINUTES per day

- 2 Don't know

- 3 Refused to answer

**Q25a** Now I am going to ask you about specific activities. You might have already told me about these, but I need you to tell me again.

In a usual week, do you walk at least 10 minutes at a time for recreation, exercise, while at work, to get to and from places, or for any other reason?

(**INTERVIEWER:** This includes any intensity of walking, not just “brisk” walking).

- 1 Yes
- 2 No > skip to Q27
- 3 Don't know > skip to Q27
- 4 Refused to answer > skip to Q27

If (answer >1) skip to Q28

**Q25b And on how many days do you walk at least 10 minutes at a time?**

**INTERVIEWER:** Number of whole DAYS \_\_\_\_\_

**Q25c On days when you walk for at least 10 minutes at a time, how much total time in the day do you spend walking?**

- 1 Specified time in HOURS and MINUTES per day

**INTERVIEWER:** Number of whole HOURS (exact or approximate)

\_\_\_\_\_ HOURS per day

Number of MINUTES (half an hour = 30 minutes)

\_\_\_\_\_ MINUTES per day

- 2 Don't know

- 3 Refused to answer

**Q26a In a usual week, do you do any activities to increase your muscle strength or your muscle tone? This might include lifting weights, pull-ups, push-ups, or sit-ups.**

- 1 Yes

- 2 No > skip to Q27

- 3 Don't know > skip to Q27

- 4 Refused to answer > skip to Q27

**Q26b And on how many days do you do these activities?**

**INTERVIEWER:** Number of whole DAYS \_\_\_\_\_

**Q27** The next questions are about your health now and your current daily activities. In general, would you say your health is:

(INTERVIEWER: Read out options 1-5)

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor
- 6 Don't know
- 7 Refused to answer

**Q28** In general, does your physical health limit the kind of work or other regular daily activities you do? Would you say:

(INTERVIEWER: Read out options 1-5)

- 1 Not at all
- 2 A little bit
- 3 Moderately
- 4 Quite a bit
- 5 Extremely
- 6 Don't know
- 7 Refused to answer

**Q29** I would now like to ask you about your health in the past 12 months. In the past 12 months, have you experienced any problems with balance?

- 1 Yes
- 2 No
- 3 Don't know
- 4 Refused to answer

**Q30** In the past 12 months, have you experienced feeling dizzy when you get up?

- 1 Yes
- 2 No
- 3 Don't know
- 4 Refused to answer

**Q31** In the past 12 months, have you experienced dizziness or fainting spells at other times?

- 1 Yes
- 2 No
- 3 Don't know
- 4 Refused to answer

**Q32 In the past 12 months, have you experienced pain in the chest?**

- 1 Yes
- 2 No
- 3 Don't know
- 4 Refused to answer

**Q33 In the past 12 months, have you experienced problems with hearing?**

- 1 Yes
- 2 No > skip to Q35
- 3 Don't know > skip to Q35
- 4 Refused to answer > skip to Q35

**Q34 In the past 12 months, have you experienced any hearing problems that weren't correctable by hearing aids?**

- 1 Yes
- 2 No
- 3 Don't know
- 4 Refused to answer

**Q35 In the past 12 months, have you experienced problems with your vision?**

- 1 Yes
- 2 No > skip to Q37
- 3 Don't know > skip to Q37
- 4 Refused to answer > skip to Q37

**Q36 In the past 12 months, have you experienced problems with your vision that weren't correctable by glasses?**

- 1 Yes
- 2 No
- 3 Don't know
- 4 Refused to answer

**Q37 In the past 12 months, have you experienced muscle stiffness or weakness?**

- 1 Yes
- 2 No
- 3 Don't know
- 4 Refused to answer

**Q38 In the past 12 months, have you experienced incontinence?**

(INTERVIEWER: Incontinence = weak bladder)

- 1 Yes
- 2 No
- 3 Don't know
- 4 Refused to answer

**Q39 In the past 12 months, have you experienced feeling depressed or anxious?**

- 1 Yes
- 2 No
- 3 Don't know
- 4 Refused to answer

**Q40 Has a doctor said you have, or have ever had, arthritis (including osteoarthritis and/or rheumatoid arthritis)?**

- 1 Yes
- 2 No
- 3 Don't know
- 4 Refused to answer

**Q41 Has a doctor said you have, or have you ever had, osteoporosis (thinning of the bones)?**

- 1 Yes
- 2 No
- 3 Don't know
- 4 Refused to answer

**Q42 Has a doctor said you have, or have you ever had, Parkinson's disease?**

- 1 Yes
- 2 No
- 3 Don't know
- 4 Refused to answer

**Q43 Has a doctor said you have, or have ever had, angina?**

- 1 Yes
- 2 No
- 3 Don't know
- 4 Refused to answer

**Q44 Have you ever had, a heart attack or heart disease?**

- 1 Yes
- 2 No
- 3 Don't know
- 4 Refused to answer

**Q45 Has a doctor said you have, or have you ever had, high blood pressure?**

- 1 Yes
- 2 No
- 3 Don't know
- 4 Refused to answer

**Q46 Has a doctor said you have, or have you ever had, emphysema or lung disease?**

- 1 Yes
- 2 No
- 3 Don't know
- 4 Refused to answer

**Q47 Has a doctor said you have, or have you ever had a stroke?**

- 1 Yes
- 2 No
- 3 Don't know
- 4 Refused to answer

**Q48 Has a doctor said you have, or have you ever had, diabetes?**

(**INTERVIEWER:** If gestational diabetes, select yes and indicate gestational diabetes)

- 1 Yes
- 2 No
- 3 Don't know
- 4 Refused to answer

**Q49 We would now like to ask whether you have heard or seen certain information in the last 12 months.**

**In the last 12 months, do you recall hearing or seeing anything about preventing falls in older people?**

- 1 Yes
- 2 No
- 3 Don't know
- 4 Refused to answer

**Q50 In the last 12 months, do you recall hearing or seeing anything about making changes in the home to prevent falls?**

- 1 Yes
- 2 No
- 3 Don't know
- 4 Refused to answer

**Q51 In the last 12 months, do you recall hearing or seeing anything about physical activity or exercising for older people?**

- 1 Yes
- 2 No
- 3 Don't know
- 4 Refused to answer

**Q52 In the last 12 months, do you recall hearing or seeing anything about diet or healthy eating for older people?**

- 1 Yes
- 2 No
- 3 Don't know
- 4 Refused to answer

**Q53 In the last 12 months, do you recall hearing or seeing anything about checking medications for older people?**

- 1 Yes
- 2 No
- 3 Don't know
- 4 Refused to answer

**Q54 As far as you know, does your local council do anything to reduce falls among older people?**

- 1 Yes
- 2 No
- 3 Don't know
- 4 Refused to answer

## Demographic questions

D1 Can I ask whether you live in a town or city or in the country?

- 1 Town or city
- 2 In the country
- 3 No response

D2 What is your postcode?

(INTERVIEWER: Code 0000 if postcode is not known)

Postcode \_\_\_\_\_

D3 Finally, I would like to ask you some background questions about yourself.  
Firstly would you mind telling me your date of birth or age?

(INTERVIEWER: If respondent is hesitant about answering this sort of question, say: “ Date of birth is asked as most people find it easier to remember their date of birth than their age.”).

- 1 Gave date of birth → go to D4

(INTERVIEWER: Enter respondent’s date of birth in this format,  
dd-mm-yyyy) \_ \_ / \_ \_ / \_ \_ \_

- 2 Gave exact age \_\_\_\_\_ years → go to D4

- 3 Refused to answer → go to D3a

**D3a Would you be willing to say which of the following categories your age is in?**

(INTERVIEWER: Read out categories 1–6)

- 1 60-64 years
- 2 65-69 years
- 3 70-74 years
- 4 75-79 years
- 5 80-84 years
- 6 85-89 years
- 7 90 years or more
- 8 Refused to answer

**D4 What country were you born in?**

- 1 Australia
- 2 New Zealand
- 3 Other (specify) \_\_\_\_\_
- 4 Refused to answer

**D5 Which of the following best describes your current employment status?**

(INTERVIEWER: Read out options 1-8)

- 1 Retired
- 2 Employed full-time > skip to D6
- 3 Employed part-time or casual
- 4 Home duties
- 5 Unemployed
- 6 Full-time student
- 7 Part-time student
- 8 Permanently ill/unable to work
- 9 Other (specify) \_\_\_\_\_
- 10 Refused to answer > skip to D6

**D5a Do you receive a pension?**

(INTERVIEWER: Don't include superannuation payments)

- 1 Yes
- 2 No > skip to D6
- 3 Don't know > skip to D6
- 4 Refused to answer > skip to D6

**D5b Is this a part pension or a full pension?**

- 1 Part pension
- 2 Full pension
- 3 Other (please specify) \_\_\_\_\_
- 4 Don't know
- 5 Refused to answer

**D6 Are you currently covered by private health insurance?**

(INTERVIEWER: This doesn't include Medicare.)

- 1 Yes
- 2 No
- 3 Don't know
- 4 Refused to answer

**D7 What is your current marital status?**

(INTERVIEWER: Read out options 1-6)

- 1 Married
- 2 De facto
- 3 Separated
- 4 Divorced
- 5 Widowed
- 6 Single/never married
- 7 Refused to answer

**D8a Now, I'd like to ask about the highest level of education you have completed. Have you completed a university or college degree?**

(INTERVIEWER: This includes registered nurses not enrolled)

- 1 University or college degree
- 2 Trade or technical certificate / diploma
- 3 Senior high school (Grade 12)
- 4 Junior high school (Grade 10)
- 5 Primary school (Grade 7)
- 6 Refused

**D9 In total, how many males/females (same sex as respondent) aged 60 or more, including yourself, live in your household?**

INTERVIEWER: Number of people \_\_\_\_\_

- 1 Male
- 2 Female
- 3 Refused

## Conclusion

Well that's the end of the questionnaire. I just have one last thing to ask. Occasionally my supervisor will call some people back to check I have conducted the interview properly.

Would you be willing to give me your first name in case she wishes to call you?

(INTERVIEWER: if Respondent wants to know why we're ringing back as well as monitoring the phone calls, tell them that "My supervisor only listens to a small proportion of calls. Ringing back allows people to give their impressions of the interview.")

- 1 Yes
- 2 No

This research has been approved by a university ethics committee. If you have any concerns about this research or about the survey being bona-fide I can give you a telephone number. Would you like these numbers?

- 1 Yes
- 2 No

## Thanks

Thank you for helping us today. The information you have provided is completely confidential and we have no record of your surname or address. Your answers, will help [organisation name] to better plan services for those over 60 in your area.