

## OTIS: FALLS TELEPHONE DATA COLLECTION SHEET

OTIS telephone data collection sheet - to be completed when a trial participant reports a fall

Thank you for ringing us to let us know you have had a fall. I would like to ask you some questions to find out more about your fall please.

Cen	tre number:				
Part	ticipant's trial ID number:				
1.	Date of phone call    Day   Month   Year				
2.	Date of fall    Day   Month   Year				
3.	Number of falls that day				
	If more than one fall - which fall does this relate to?				
4.	Where did you fall? (Please cross one box only)				
	Inside your own home, please specify where:				
	Inside, but not in your own home				
	Outside your own home				
	Outside, beyond own home				
5.	What were you doing when you fell? (Please cross all that apply)				
	Getting in/out of bed, chair, bath, toilet, shower				
	Turning				
	Going up/down steps or stairs				
	Walking				
	Reaching / bending				
	Rushing				
	Unknown, can't recall				
	Other please state:				

6.	What caused you fall? (Please cross all that apply)
	Trip, didn't pick feet up, fell over something
	Slip, skid
	Uneven surface
	Slippery surface
	Steps/gradient
	Access
	Legs gave way, just went over
	Dizzy, woozy, groggy light headed, passed out
	Lost balance
	Knocked, pulled or blown over
	Footwear issue
	Poor visibility/lighting
	Obstacle/obstruction/pet
	Other please state:
7.	Did you suffer any injuries as a result of a fall? (Please cross all that apply)
	No injury
	Had some superficial wounds, e.g. bruising, sprain, cut, abrasion
	Broken bones and type of bone:
	Other, please state:
8.	Did you have to stay in hospital overnight because of a fall?  Yes  No
8a.	If 'YES', how many nights did you stay in hospital?

9. Please record any other additional information the patient provides here:					
For YTU to complete after the phone call					
10. Was the fall related to taking part in the st	udv2				
10. Was the fail related to taking part in the st		No 🗔	Unable to seese		
	Yes	No	Unable to assess		
11. Did the fall result in an adverse event?					
<ol> <li>Did the fall result in an adverse event?</li> <li>If 'YES' complete an adverse event form.</li> </ol>	Yes	No			
Name of person taking call					
Name of person taking call:					
Thank you for ringing us to tell us about your f The information you've giv					