

**Violet  
Falls resources/expenses form**

**Participant number:**

**Week beginning:**

**Please fill in a copy of this form following each fall that resulted in you needing any NHS or Social Care help / treatment and / or where there were expenses incurred by you and / or an informal carer as a result of the fall. Thank You**

**The form has 3 sections:**

Section 1: Details of any fall

Section 2: Details of any NHS or Social Care help / treatment you needed following the fall

Section 3: expenses incurred by you and informal carer as a result of the fall

This information helps us to work out how much falls cost you, the NHS and social services. You may find this form easier to complete if this is filled out as soon as is possible after any fall related event (i.e. on an ongoing basis).

If you have had more than one fall then please use another copy of this form for details related to that particular fall. Thank you

**Section 1: Details of any fall**

Q1. Date of fall:

Q2: Time of fall:

Q3: Location of fall:                      Indoors                      Outdoors

(Specify).....

**Reason for fall - please tick one of the following:**

( ) Trip (object / pavement)

( ) Knocked Over

( ) Footwear problem

( ) Unknown

( ) Other (specify).....

**Section 2: NHS, social services resource use**

**General Practice**

If you saw the doctor, nurse, physiotherapist, occupational therapist or any other health care professional from your general practice **related to a fall**, please write the date of each visit, whom you see and where. Use one box for each visit.

Date of visit	Whom did you see (i.e. doctor, nurse, physiotherapist, occupational therapist, or any other. Please specify)	Where did you see them (practice or home visit? Please specify)

**Hospital Admissions**

If you were admitted to hospital **as a result of a fall**, please write the name of the hospital and the dates of each admission and discharge. Use one box for each admission.

Name of hospital	Date of admission	Date of discharge
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**Hospital Attendances / visits (not inpatient)**

If you have visited hospital as an **outpatient** or **in an emergency (i.e. casualty / A & E)** as a result of a fall, please write the name of the hospital or outpatient clinic with the date of each visit. Use one box for each visit.

Date	Name of outpatient clinic and hospital	Emergency or routine?

**Community & Social Services**

If you have any visits from community or social service staff **as a result of a fall** (e.g. social worker, home care worker, care attendant) please give details.

Date of visit	Who visited you (e.g. social worker, home care worker, care attendant)


**Section 3: details of any personal costs incurred and informal carer resource use**

**Other personal costs paid for by you relating to your fall**

Please note details of date, type and amount of personal costs (paid for directly by you) relating to your fall (e.g. costs of prescriptions, private home help, drugs or equipment). See example below and use a box for each out of pocket expense.

Date	Type of cost	Total Amount (£)
<b>01/02/2013</b>	<b>Home help ( 2 hours)</b>	<b>£20</b>

**Informal Carer Costs**

Q1. Did you receive help with your daily Activities from a relative or friend because of your fall?

Please tick Yes or No:

- ( ) Yes                      Go to Q2.  
 ( ) No                        End of Questionnaire.

Q2. If yes, on average, how much time in terms of hours per day did they spend?

Hours per day\_\_\_\_\_

Now please go to Q3.

Q3. What would that person have been doing as their main activity if they had not been helping and / or caring for you?

**Please tick one of the following:**

( ) Housework

( ) Childcare

( ) Caring for a relative or friend

( ) Voluntary work

( ) Leisure activities

( ) Attending school or University

( ) On sick leave

( ) Paid work

( ) Other – please specify) \_\_\_\_\_

If you answer to this question is paid work, please go to Q4, otherwise this is the end of the questionnaire.

Q4. What is your informal (family or friend) carer's occupation?

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