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60784



SAFER 2

SIX MONTHS QUESTIONNAIRE

CONFIDENTIAL

Date of questionnaire completion $\overset{d}{\square} \overset{d}{\square} / \overset{m}{\square} \overset{m}{\square} / \overset{y}{\square} \overset{y}{\square} \overset{y}{\square} \overset{y}{\square}$
□ □ / □ □ / 2 0 □ □

Is someone completing this survey on your behalf YES NO

Please let us know their relationship to you _____

If you would like help with this questionnaire,
please telephone XXX

If there is no answer, please leave your details
and a member of the SAFER 2 team will return
your call as soon as possible.

Please return the completed questionnaire in
the FREEPOST envelope provided.

THANK YOU



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PLEASE READ THESE INSTRUCTIONS CAREFULLY

- ▶ **Please use a blue or black pen, not a pencil**
- ▶ **Please mark your answers with an X clearly inside the box**
- ▶ **Please answer every question**
- ▶ **If you find it difficult to answer a question, do the best you can**

SECTION A: 999 Care

This section asks about the care you received from the ambulance service on

/ / 20
d d m m y y y y

A1. Overall, how would you rate your general health before this call?

Excellent Good Fair Poor Very Poor

A2. Do you feel the medical condition that you called 999 for was...

Extremely Serious Very Serious Moderately Serious Slightly Serious Not Serious

	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied
A3. How do you rate the following:					
a) Waiting time for the ambulance to arrive?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Amount of time ambulance person spent with you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Decisions made by the person who attended you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) The ambulance persons' concern about you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Receiving satisfactory answers to your questions from the ambulance person?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Explanation of any further referrals made by the ambulance person?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied
g) The thoroughness of the care you received?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) The overall quality of the care you received from the ambulance service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) The outcome of your 999 call?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION B: Care and help needed

The next section asks questions about the care and help you may have needed after your 999 call and over the following six months.

B1. Thinking back to the time after your 999 call, please circle the number of contacts you had with each service **because** of the condition you called for. Please answer all the questions.

a) GP telephone advice	0	1	2	3	4	5	6	7	8	9	10	11
	12	13	14	15	16	17	18	19	20	More than 20		
<hr/>												
b) GP surgery visit	0	1	2	3	4	5	6	7	8	9	10	11
	12	13	14	15	16	17	18	19	20	More than 20		
<hr/>												
c) GP home visit	0	1	2	3	4	5	6	7	8	9	10	11
	12	13	14	15	16	17	18	19	20	More than 20		
<hr/>												
d) NHS Direct	0	1	2	3	4	5	6	7	8	9	10	11
	12	13	14	15	16	17	18	19	20	More than 20		
<hr/>												
e) Community nurse visit	0	1	2	3	4	5	6	7	8	9	10	11
	12	13	14	15	16	17	18	19	20	More than 20		
<hr/>												
f) Out-Patient attendance	0	1	2	3	4	5	6	7	8	9	10	11
	12	13	14	15	16	17	18	19	20	More than 20		
<hr/>												
g) Other Social Service provision (eg home help)	0	1	2	3	4	5	6	7	8	9	10	11
	12	13	14	15	16	17	18	19	20	More than 20		

Please state: _____



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B2. a. Please let us know your CURRENT place of residence (please tick)

Own home

Staying with relatives

Residential Home

Hospital in-patient

Other

Please state _____

b. How long have you been resident here? _____

c. Is this different from your NORMAL place of residence YES

NO

d. If yes, please indicate your normal place of residence _____

B3. Please let us know what (if any) special equipment or furniture Social Services have installed in your home to help you since your fall?

B4. Please circle how many times in total you have had a fall during the past **SIX** months?

0 1 2 3 4 5 6 7 8 9 10 11

12 13 14 15 16 17 18 19 20 more than 20



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For this section exploring health-related quality of life we used version 2 of the Short Form questionnaire-12 items (SF-12).¹⁰⁵



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SECTION D: Fear of falling

This section is about how confident you are **now** about being able to do things without falling.

Please circle your answer for each of the activities below, with 0 meaning "not confident at all", 5 meaning "fairly confident" and 10 meaning "completely confident"

How confident are you that you can	Not confident at all					Fairly confident					Completely confident											
	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
D1. Get dressed and undressed	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
D2. Prepare a simple meal	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
D3. Take a bath or a shower	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
D4. Get in/out of a chair	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
D5. Get in/out of bed	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
D6. Answer the door or telephone	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
D7. Walk around the inside of your house	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
D8. Reach into cupboards or wardrobes	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
D9. Do light housekeeping	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
D10. Do simple shopping	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
D11. Use public transport	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
D12. Cross roads	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
D13. Do light gardening or hang out the washing (please rate most frequent)	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
D14. Using front or rear steps at home	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10

THANK YOU