SAFER 2

ONE MONTH QUESTIONNAIRE

CONFIDENTIAL

Date of questionnaire completion d d / m m / y y y y | | / | | / 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 d d / m m / y y y y 2 0

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** ☐

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

	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied
g) The thoroughness of the care you received?	☐	☐	☐	☐	☐
h) The overall quality of the care you received from the ambulance service?	☐	☐	☐	☐	☐
i) The outcome of your 999 call?	☐	☐	☐	☐	☐

SECTION B: Care and help needed

The next section asks questions about the care and help you may have needed following your 999 call

B1. **Please circle** how many times have you had a fall during the past month?

0 1 2 3 4 5 6 7 8 9 10

B2. **Please circle** the number of times you have had contact with each service related to your fall and 999 call. Please mark all the answers.

a) GP telephone advice	**0**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**
b) GP surgery visit	**0**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**
c) GP home visit	**0**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**
d) NHS Direct	**0**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**
e) Community nurse visit	**0**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**
f) Out-Patient attendance	**0**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**
g) Other Social Service provision (eg home help)	**0**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**

Please state _____

The next section asks questions about the care and help you may have needed following your fall and how this has affected you and those who care for you.

B3. 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. Is this different from your NORMAL place of residence YES ☐ NO ☐

c. If yes, please indicate your normal place of residence

B4. Please let us know what (if any) special equipment or furniture Social Services have installed in your home to help you since your fall?

_____

_____

SECTION C: Your health now

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 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**
D1.	Get dressed and undressed	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
D3.	Take a bath or a shower	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
D5.	Get in/out of bed	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
D7.	Walk around the inside of your house	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
D9.	Do light housekeeping	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
D11.	Use public transport	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
D13.	Do light gardening or hang out the washing (please rate whichever you do most frequently)	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

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Please note - these details will be kept separately from the questionnaire

I am happy to be sent a questionnaire in 6 months

YES ☐ NO ☐

We would like to contact a small number of people to talk to them face to face about their experiences. If you do not mind being contacted by a member of the research team, please fill in your details below.

Name _____

Address _____

_____

_____

Phone No. _____

Thank you very much for your time and effort in completing this questionnaire