

Appendix 1. 2019 FallStyles Questions with Response Options

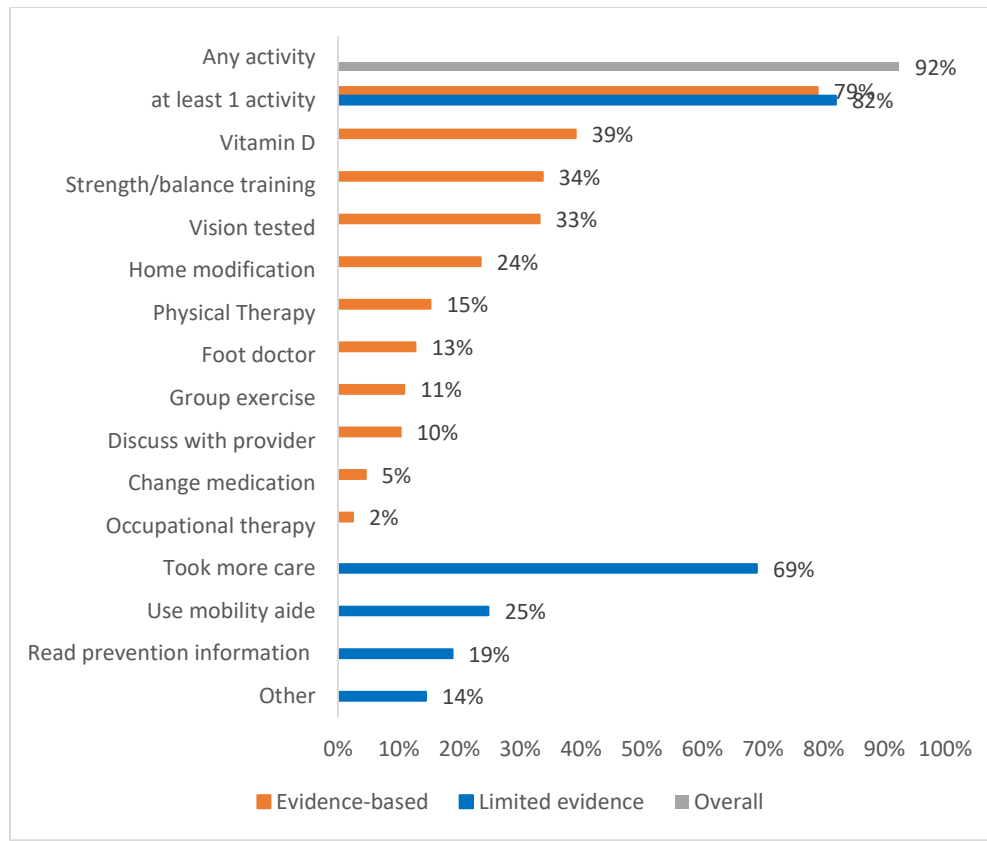
Fall-Related Questions	
1. Indicate your agreement with the following statement: "Older people fall and there is nothing that can be done about it".	a. Strongly disagree b. Disagree c. Agree d. Strongly agree
2. ^a How many times have you fallen in the past 12 months?	a. None b. Once c. 2 or more times d. Don't know/Not sure
3. ^a Do you feel unsteady when standing or walking?	a. Yes b. No c. Don't know/Not sure
4. ^a Do you worry about falling?	a. Yes b. No c. Don't know/Not sure
5. In the past 12 months, who has talked to you about your risk of falling? <i>Select all that apply</i>	a. Doctor b. Nurse practitioner or physician's assistant c. Pharmacist d. Nurse e. Another health care professional f. Family member/caregiver/friend d. No one has talked to me
Stage of Change Questions	
1. Which of the following statements best represent your feelings about falling?	a. ^bI am not at risk of falling b. ^bNothing can be done to prevent falls c. ^cI don't know what I can do to prevent falls d. ^dI am thinking about acting to prevent falls e. ^eI am currently doing things to prevent falls
2. Which of the following statements best represent your feelings about having your healthcare provider change or reduce your medicines to prevent falls?	a. ^bI am not at risk of falling b. ^cAltering medicines will not reduce my risk c. ^dI am thinking about altering my medicines d. ^eI am currently altering my medicines e. ^fI have already altered my medicines
3. Which of the following statements best represent your feelings about doing strength and balance exercises	a. ^bI am not at risk of falling b. ^cThese exercises will not reduce my risk

to prevent falls?	c. ^dI am thinking about doing these exercises d. ^eI am currently doing these exercises e. ^fI've done exercises for at least 6 months
Question for Types of Fall-Prevention Strategies Used	
1. In the past 12 months, which of the following things have you done to reduce your risk of falling? <i>Select all that apply</i>	a. ^gHad my vision tested or glasses checked b. ^gVisited a foot doctor c. ^gParticipated in strength or balance training d. ^gParticipated in group exercise program e. ^gMade changes at home (e.g., grab bars) f. ^gParticipated in physical therapy g. ^gParticipated in occupational therapy h. ^gDiscussed prevention with my doctor i. ^gTaken vitamin D supplements j. ^gChanged one or more of my medicines k. Used a mobility aide like a cane or walker l. Took more care (e.g., Slowing down) m. Read more information on how to prevent falls n. Other activities not listed above o. None of these p. I am not at risk of falling

Note. ^a STEADI 3-Key Fall Screen Questions (Anonymized for Review #5; Eckstrom et al., 2017); Stage of Change Stages: ^bPrecontemplation, ^cContemplation, ^dPreparation, ^eAction, ^fMaintenance; ^g Evidence-based interventions (Anonymized for Review #5. Resource: Algorithm for fall risk screening, assessment, and intervention, Blinded for Review)

Figure 2. Percent of Older Adults in Change Stages in Overall Fall Prevention Who Report Participation in Any Evidence or Non-evidence-based Fall Prevention Activity, FallStyles, 2019*

Running Head: STAGES OF CHANGE AND FALL PREVENTION



Note: STEADI=Stopping Elderly Accidents, Deaths, and Injuries

Sample weighted to match US Current Population Survey (CPS) proportions using eight factors: gender, age, household income, race/ethnicity, household size, education, census region, metro status.