

**Survey of Assistants Actions to Prevent Patients from Falling
To be conducted by interview**

Thank you for responding to this survey. Just to remind you -- this survey is confidential. But we want to match this form with your other forms, so I am going to ask you to **tell me a private identification symbol** that I will write on the form.

Identification symbol:

(This is the same symbol you use each time, e.g., the last 4 numbers of your cell or home phone number. Responding to these items indicates that you recognize this is an approved research project in which you have volunteered to participate. There are 8 items about actions to prevent patients from falling and 10 items that will allow us to describe the assistants who responded to the surveys. You may skip any items you chose not to answer.

Please tell me what you do to prevent patients from falling. The choices range from complete agreement with a statement to complete disagreement. Mark the number that best reflects what you do to prevent patients from falling

I prevent patients from falling because:

	Completely Agree	Moderately Agree	Slightly Agree	Slightly Disagree	Moderately Disagree	Completely Disagree	Not Applicable
1. I receive a verbal report about my patients' fall risk.	1	2	3	4	5	6	NA
2. The nurse tells me what to do to prevent my patients from falling.	1	2	3	4	5	6	NA
3. I write down information about my patients' fall risk.	1	2	3	4	5	6	NA
4. I go to the nurse and ask what I should do to prevent a patient from falling.	1	2	3	4	5	6	NA
5. I have all the equipment my patients need to prevent them from falling.	1	2	3	4	5	6	NA
6. I make sure there is a clear path to the bathroom.	1	2	3	4	5	6	NA
7. I answer any call light rapidly.	1	2	3	4	5	6	NA
8. We all work together as a team.	1	2	3	4	5	6	NA

Do you have anything else you would like to add about what you do to prevent patients from falling?

Demographics	
1. Age - years	_____ years
2. Gender	___ Female ___ Male
3. How long have you been a nursing or patient care assistant?	_____ years
4. Years working at this institution?	_____ years
5. preparation as a PCA or NA:	Certified Nursing Assistant Course
	Nursing Student
	Other _____
6. Years of formal schooling:	_____ years
7. Additional courses you have taken that apply to your work:	
8. Ethnic Group	___ Hispanic ___ Non-Hispanic
9. Race:	American Indian/Alaska Native
	Asian
	Native Hawaiian or Pacific Islander
	Black or African American
	White
	More than one race
10. Hospital	Brigham and Women's Faulkner Massachusetts General McLean Newton Wellesley North Shore Medical Center Spaulding Rehabilitation Center

THANK YOU,

Patti Dykes, Diane Carroll and Ann Hurley