

## Nurse Beliefs about Confidence to Prevent Patients from Falling

We are going to ask you to answer some survey questions now again in a few months. This survey is confidential. We want to match your answers today with your answers few months **AND** maintain your privacy. **Please provide an identification number by entering the last 4 digits of your home or cell phone number below. Please remember which number you used because we will ask you to enter the same 4-digit number the next time you complete this survey.**

Identification number: \_ \_ \_ \_

Completion of this form indicates you recognize that this is an approved research project in which you have volunteered to participate. There are 11 items about confidence in preventing patients from falling and 9 items that will allow us to describe the nurses who completed the surveys. You may skip any items you chose not to answer.

Please mark how confident you are in your ability to prevent patients from falling.

I am confident about my ability to prevent patients from falling because:							
	Completely Confident	Moderately Confident	Slightly Confident	Slightly Unconfident	Moderately Unconfident	Not at all Confident	Not Applicable
1. I receive a verbal report about my patients' fall risk.	1	2	3	4	5	6	NA
2. The nurse from the previous shift tells me what to do to prevent my patients from falling.	1	2	3	4	5	6	NA
3. I have easy access to information about why patients are at risk to fall.	1	2	3	4	5	6	NA
4. I have easy access to information on how to prevent patients from falling.	1	2	3	4	5	6	NA
5. I do a fall risk assessment during my shift.	1	2	3	4	5	6	NA
6. I work with families/visitors to carry out the fall prevention plan.	1	2	3	4	5	6	NA
7. I give nursing assistants face-to-face report about their patients' fall risk.	1	2	3	4	5	6	NA
8. I give nursing assistants face-to-face information about how to prevent their patients from falling.	1	2	3	4	5	6	NA
9. I give a fall risk report to the next shift.	1	2	3	4	5	6	NA
10. I tell the nurse on the next shift what to do to prevent our patients from falling.	1	2	3	4	5	6	NA
11. We all work together as a team.	1	2	3	4	5	6	NA

Please add any comments you wish about confidence in your ability to prevent patients from falling.

DESCRIPTION OF PARTICIPANTS	
Either circle or provide information	
1. Age - years	___ years
2. Gender	___ Female ___ Male
3. How long have you been a nurse?	___ years
4. Years working at this institution?	___ years
5. Highest Professional Degree:	Diploma
	AD
	BS/BA
	MA/MS
6. Ethnic Group	___ Hispanic ___ Non-Hispanic
7. Race:	American Indian/Alaska Native
	Asian
	Native Hawaiian or Pacific Islander
	Black or African American
	White
	More than one race
8. Hospital (if Partners HealthCare Employee)	Brigham and Women's Faulkner Massachusetts General McLean Newton Wellesley North Shore Medical Center Spaulding Rehabilitation Center
9. State (if not a Partners HealthCare Employee)	_____

**THANK YOU,**

**Patti Dykes, Diane Carroll and Ann Hurley**