



Please select your answer to each question below with an "X".

1. Have you fallen 2 or more times in the past year? [fallenpastyear]	<input type="checkbox"/> ₁ yes	<input type="checkbox"/> ₂ no
2. Have you fallen and hurt yourself in the past year? [hurtself]	<input type="checkbox"/> ₁ yes	<input type="checkbox"/> ₂ no
3. Are you afraid that you might fall because of balance or walking problems? [afraidtofall]	<input type="checkbox"/> ₁ yes	<input type="checkbox"/> ₂ no

Thank you for your help.

[participant]
[screendate]
[screenoutcome]