
Supplementary Table S1. Inclusion and Exclusion Criteria

Inclusion Criteria

Age 70 years or older

At increased risk for serious fall injuries (“yes” response to one or more of three screening questions)

1. have you fallen and hurt yourself in past year?
2. have you fallen 2 or more times in past year?
3. are you afraid that you might fall because of balance or walking problems?

Exclusion Criteria

Did not receive primary care at assigned practice

Planned to move out of area in coming year

Resided in nursing home

Was enrolled in hospice or reported being too ill to participate

Did not speak English or Spanish

Not capable of providing informed consent (or assent) because of impairments in cognition/hearing and surrogate was not available

Falls and Older Adults

If You Fall

Whether you're at home or somewhere else, a sudden fall can be startling and upsetting. If you do fall, stay as calm as possible. Take several deep breaths to try to relax.

How to Get Up From a Fall

1. Remain still on the floor or ground for a few moments. This will help you get over the shock of falling.
2. Decide if you're hurt before getting up. Getting up too quickly or in the wrong way could make an injury worse.
3. If you think you can get up safely without help, roll over onto your side.
4. Rest again while your body and blood pressure adjust. Slowly get up on your hands and knees, and crawl to a sturdy chair.
5. Put your hands on the chair seat and slide one foot forward so that it is flat on the floor. Keep the other leg bent so the knee is on the floor.
6. From this kneeling position, slowly rise and turn your body to sit in the chair.

If you're hurt or can't get up on your own, ask someone for help or call 911. If people who are nearby do not feel confident in helping you get up, call 911. If you're alone, try to get into a comfortable position and wait for help to arrive.

Consider Emergency Response Devices

If you are often alone, and at increased risk of falling, consider getting a personal emergency response system. This service, which works through your telephone line, provides a button or bracelet to wear at all times in your home.

Tell Your Doctor

Be sure to discuss any fall with your doctor. The doctor can assess whether a medical issue or other cause of the fall needs to be addressed. Knowing the cause can help you plan to prevent future falls. After a fall, your doctor might refer you to other health care providers who can help prevent future falls.

Note: The content of this document was slightly adapted from information produced by the National Institute on Aging (NIA) at the National Institutes of Health (NIH), available online through the NIHSeniorHealth, a web resource for older adults developed by the National Library of Medicine (NLM) in partnership with NIA: <http://nihseniorhealth.gov/falls/ifyoufall/01.html/National>

Las caídas y los adultos mayores

Si usted se cae

Una caída repentina, ya sea en casa u otro lugar, puede sobresaltar y disgustar. Si se cae, mantenga la mayor calma posible. Tome varias respiraciones profundas para tratar de relajarse.

Cómo levantarse de una caída

1. Quédese quieto en el suelo por unos instantes. Esto le ayudará a recuperarse del shock de la caída.
2. Antes de levantarse, fíjese si se ha herido. Si se levanta demasiado rápido o mal, podría empeorar la lesión.
3. Si cree que puede levantarse de manera segura sin ayuda, ruédese a un lado.
4. Descanse otra vez mientras su cuerpo se ajusta a la presión arterial. Levántese lentamente apoyándose en las manos y las rodillas y vaya a gatas a una silla firme.
5. Coloque las manos en el asiento y deslice un pie hacia delante de forma que quede plano contra el suelo. Mantenga la otra pierna doblada con la rodilla en el suelo.
6. Desde esta posición arrodillada, levante lentamente y gire el cuerpo y siéntese en la silla.

Si se ha herido o no puede levantarse solo, pida ayuda o llame al 911. Si las personas que están cerca no se sientan capaces de ayudarlo a levantarse, llame al 911. Si está solo, trate de entrar una posición cómoda y espere a que llegue la ayuda.

Considere los dispositivos de respuesta a emergencias

Si está a menudo a solas y tiene un riesgo mayor de caerse, considere comprar un sistema personal de respuesta a emergencias. Este servicio telefónico le da un botón o una pulsera para que use en todo momento en su casa.

Dígale a su médico

Asegúrese de hablar de cualquier caída con su médico. Puede determinar si hay que responder al problema médico o la causa de la caída. Saber la causa puede ayudarlo a planificar para evitar otras caídas. Después de una caída, su médico lo puede referir a otros profesionales de la salud que pueden ayudarlo a prevenir otras caídas.

Nota: El contenido de este documento fue adaptado ligeramente de información producida por el Instituto Nacional sobre el Envejecimiento (NIA) de los Institutos Nacionales de Salud (NIH), y está disponible en línea en NIHSeniorHealth, un recurso web para adultos mayores preparado por la Biblioteca Nacional de Medicina (NLM) en colaboración con el NIA: <http://nihseniorhealth.gov/falls/ifyoufall/01.html/National>

Supplementary Table S2. Losses to Follow-up from Death and Study Withdrawals by Subsample Status, Age, and Sex

Characteristics	Subsample ^a	Enrolled		Died, not Withdrawn		Withdrawn		
		N	n	percent	rate ^b	n	percent	rate ^b
Overall	No	4,737	346	7.3	2.4	456	9.6	3.2
	Yes	714	93	13.0	3.9	115	16.1	4.9
Age, y								
70-74 ^c	No	1,037	31	3.0	1.1	49	4.7	1.7
75-79	No	1,585	76	4.8	1.5	141	8.9	2.8
	Yes	272	27	9.9	2.9	39	14.3	4.2
80-84	No	1,116	96	8.6	2.8	111	9.9	3.2
	Yes	228	18	7.9	2.3	40	17.5	5.1
85+	No	999	143	14.3	5.0	155	15.5	5.4
	Yes	214	48	22.4	7.3	36	16.8	5.4
Sex								
Men	No	1,772	170	9.6	3.2	171	9.7	3.2
	Yes	298	56	18.8	5.8	43	14.4	4.5
Women	No	2,963	176	5.9	2.0	285	9.6	3.2
	Yes	416	37	8.9	2.6	72	17.3	5.1

^aFor participants in the subsample, information was also collected on a set of secondary well-being outcomes at baseline, 12 months, and 24 months.

^bPer 100 person-years of follow-up.

^cEnrollment of the subsample was completed before the age criterion was lowered from 75 to 70 years.

Supplementary Table S3. Losses to Follow-up from Death and Study Withdrawals by Subsample Status, Age, and Sex among Participants Who Were Enrolled Contemporaneously^a

Characteristics	Subsample ^b	Enrolled		Died, not Withdrawn		Withdrawn		
		N	n	percent	rate ^c	n	percent	rate ^c
Overall	No	1,214	129	10.6	3.1	194	16.0	4.7
	Yes	714	93	13.0	3.9	115	16.1	4.9
Age, y								
75-79	No	458	26	5.7	1.6	62	13.5	3.8
	Yes	272	27	9.9	2.9	39	14.3	4.2
80-84	No	389	49	12.6	3.7	61	15.7	4.6
	Yes	228	18	7.9	2.3	40	17.5	5.1
85+	No	367	54	14.7	4.6	71	19.3	6.0
	Yes	214	48	22.4	7.3	36	16.8	5.4
Sex								
Men	No	463	61	13.2	3.9	77	16.6	4.9
	Yes	298	56	18.8	5.8	43	14.4	4.5
Women	No	749	68	9.1	2.7	117	15.6	4.6
	Yes	416	37	8.9	2.6	72	17.3	5.1

^aAs noted in the text, participants in the subsample were enrolled earlier in the trial before the age criterion was lowered from 75 to 70 years.

^bFor participants in the subsample, information was also collected on a set of secondary well-being outcomes at baseline, 12 months, and 24 months.

^cPer 100 person-years of follow-up.

Supplementary Document S2

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A 9-member Data and Safety Monitoring Board, appointed by the National Institute on Aging, oversaw study's progress and safety, and included:

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