

Supplementary

Table S1: STROBE Statement—Checklist of items that should be included in reports of *cross-sectional studies*

	Item No	Recommendation	Page no.	Relevant text from manuscript
Title and abstract	1	(a) Indicate the study's design with a commonly used term in the title or the abstract	3	"A cross-sectional study was conducted at Jordan University Hospital..."
		(b) Provide in the abstract an informative and balanced summary of what was done and what was found	3,4	"Self-reported data were collected using the Falls Risk for Older People – Community Setting (FROP-Com) questionnaire..."
Introduction				
Background/rationale	2	Explain the scientific background and rationale for the investigation being reported	4-6	"Falls are a major public health problem, ranking as the leading cause of death from unintentional injury particularly among individuals aged 65 and older..", "To date, there has been no large-scale or hospital-based studies conducted in Jordan..."
Objectives	3	State specific objectives, including any prespecified hypotheses	6	"This highlights the significance of our study, which aims to measure the prevalence of falls among older adults in Amman, Jordan, and to identify the associated risk factors. By doing so, we aim to provide robust scientific evidence to epidemiologists and health care providers, facilitating better preventive measures and raising awareness of this growing health concern"
Methods				
Study design	4	Present key elements of study design early in the paper	6	"This cross-sectional study was conducted to estimate the prevalence of falls in the past year and identify associated risk factors among older adults"
Setting	5	Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection	6-8	"Attending outpatient clinics at the University of Jordan Hospital in Amman, Jordan.", "During a

				three-month period (October 2024 - December 2024)”, ”data collection tool...”, ”data collection procedure...”
Participants	6	(a) Give the eligibility criteria, and the sources and methods of selection of participants	6	“The target population consisted of Jordanian citizens aged 60 years and older from the general population; participation was not restricted to university employees or individuals covered by a specific insurance plan”, “interviews were conducted”, “non-probability, voluntary convenient sample”
Variables	7	Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable	6,7	Sections 2.1, 2.2
Data sources/ measurement	8*	For each variable of interest, give sources of data and details of methods of assessment (measurement). Describe comparability of assessment methods if there is more than one group	6,7	Sections 2.1, 2.2
Bias	9	Describe any efforts to address potential sources of bias	8	“Standardization of data collection was ensured through comprehensive training sessions, the use of a standardized questionnaire, and regular monitoring for consistency throughout the data collection process”
Study size	10	Explain how the study size was arrived at	8,9	“sample size for this cross-sectional study was determined using Cochran’s formula...”
Quantitative variables	11	Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why	9,10	“The raw data were initially entered into Microsoft® Excel and underwent meticulous preprocessing and cleaning to ensure accuracy and integrity...”
Statistical methods	12	(a) Describe all statistical methods, including those used to control for confounding (b) Describe any methods used to examine subgroups and interactions, (e) Describe any sensitivity analyses	9,10	Section 2.7
		(c) Explain how missing data were addressed	9	“There were no missing data in the final dataset; therefore, all analyses were performed using complete case analysis without the need for imputation. Although two patients weren’t aware of

their exact birth dates, the rest of their data was included in the analysis. Therefore, the descriptive statistics for age included 404 patients, with the two patients excluded only from age calculations.”

(d) If applicable, describe analytical methods taking account of sampling strategy

NR

Results

Participants	13*	(a) Report numbers of individuals at each stage of study—eg numbers potentially eligible, examined for eligibility, confirmed eligible, included in the study, completing follow-up, and analysed	11	“A total of 406 older adults were included in the analysis”
		(b) Give reasons for non-participation at each stage	NR	
		(c) Consider use of a flow diagram	NR	
Descriptive data	14*	(a) Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders	11	“The mean age of participants was 69.8 years (SD = 7.4)...”
		(b) Indicate number of participants with missing data for each variable of interest	11	“Out of the 406 adults interviewed, only 404 knew how old they were, given that two patients weren’t aware of when, exactly, they were born. Most participants were married (77.6%), while (18.5%) were widowed. Most participants reported no falls (54.4%), but some reported one fall (27.3%) followed by 3 or more falls (10.6%) in the past year.”
Outcome data	15*	Report numbers of outcome events or summary measures	11	“Most participants reported no falls (54.4%)...”
Main results	16	(a) Give unadjusted estimates and, if applicable, confounder-adjusted estimates and their precision (eg, 95% confidence interval). Make clear which confounders were adjusted for and why they were included	13	“The analysis was conducted across four models: Model 1 included demographic variables; Model 2 added medical conditions; Model 3 further adjusted for medication use; and Model 4 was fully adjusted, including functional status. In the fully adjusted model (Model 4)...
		(b) Report category boundaries when continuous variables were categorized	12	“the distribution of fall risk categories—classified as mild (score 0–11), moderate (score 12–18), and high

				(score 19–60)…”
		(c) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period		NR
Other analyses	17	Report other analyses done—eg analyses of subgroups and interactions, and sensitivity analyses		
Discussion				
Key results	18	Summarise key results with reference to study objectives	14-17	“Our study found a relatively high prevalence of at least one fall (45.6%) within the past year…”
Limitations	19	Discuss limitations of the study, taking into account sources of potential bias or imprecision. Discuss both direction and magnitude of any potential bias	17,18	“One major limitation is that the study was based on self-reported data…”
Interpretation	20	Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence	14-18	4.1-4.5
Generalisability	21	Discuss the generalisability (external validity) of the study results	18	“Our study was based on a hospital-based sample…”
Other information				
Funding	22	Give the source of funding and the role of the funders for the present study and, if applicable, for the original study on which the present article is based	20	“This research received no specific grant from any funding agency in the public, commercial or not-for-profit sectors.”

Characteristic	No		Yes		P-value
	N	%	N	%	
The patient regularly has to go to the toilet at night three or more times					0.046
No	149	67.4%	107	57.8%	
Yes	72	32.6%	78	42.2%	
The patient's food intake in the past three months					0.023
No decline	157	71%	105	56.8%	
small change, intake remains good	25	11.3%	34	18.4%	
moderate loss of appetite	31	14%	34	18.4%	
severe loss of appetite/ poor oral intake	8	3.6%	12	6.5%	
Observed behaviors in Activities of Daily Living and Mobility indicate					0.021
seeks appropriate assistance as required	132	59.7%	107	57.8%	
occasional risk-taking behavior	43	19.5%	38	20.5%	
Inappropriately fearful of activity	3	1.4%	13	7%	
frequent risk-taking behavior	43	19.5%	27	14.6%	
AMTS score					<0.001
9 - 10 points	134	60.6%	62	33.5%	
7-8 points	61	27.6%	94	50.8%	
5-6 points	21	9.5%	21	11.4%	
4 or less	5	2.3%	8	4.3%	
Diabetes					0.332
No	117	52.9%	89	48.1%	
Yes	104	47.1%	96	51.9%	
Walking safely in his home					0.107
No gait aid needed	179	81%	135	73%	
Gait aid needed	27	12.2%	29	15.7%	
Physical assistance	12	5.4%	12	6.5%	
Not safe	3	1.4%	9	4.9%	
Walking safely in the community					0.076
No gait aid needed	162	73.3%	120	64.9%	
Gait aid needed	40	18.1%	36	19.5%	
Physical assistance	15	6.8%	18	9.7%	
Not safe	4	1.8%	11	5.9%	
Weight loss during the last 3-12 months.					0.971
No	135	61.1%	109	58.9%	
minimal (1kg or unsure)	23	10.4%	20	10.8%	
Moderate (1-3kg)	19	8.6%	16	8.6%	
Marked (>3kg)	44	19.9%	40	21.6%	
Inappropriate, poorly fitting or worn footwear?					0.018
No	203	91.9%	156	84.3%	
Yes	18	8.1%	29	15.7%	

Table S2: Factors Associated with Falls Among Older Adults: Bivariate analysis Using Chi-square Tests

number of falls	0	1	2	3	Test statistics
Risk category	N (221)	N (111)	N (31)	N (43)	p<0.001
Mild (0-11)	121(54.8%)	25(22.5%)	5(16.1%)	3(7.0%)	
Moderate (12-18)	69(31.2%)	41(36.9%)	10(32.3%)	11(25.6%)	
High (19-60)	31(14.0%)	45(40.5%)	16(51.6%)	29(67.4%)	

Table S3: Distribution of Risk Categories by Number of Falls Among Older Adults