A Matter of Balance - First Session Survey

Today’s Date: Month__________Day_______Year_____

Your Name:____________________________________

1. What is your date of birth?
   Month__________ Day________ Year________

2. What is your zip code?_________

3. Today, how many people live in your household (including yourself)?_____

4. Are you?
   ☐ Female ☐ Male ☐ Other _____________

5. Are you of Hispanic, Latino, or Spanish origin?
   ☐ Yes ☐ No ☐ Unknown

6. What is you race?(Mark all that apply.)
   ☐ American Indian or Alaska Native
   ☐ Asian or Asian-American
   ☐ Black or African-American
   ☐ Hawaiian Native or Pacific Islander
   ☐ White or Caucasian
   ☐ Other: ________________
A Matter of Balance – First Session Survey

Falls Management: Please check the box that tells us how sure you are that you can do the following activities. How sure are you that you can:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Very Sure</th>
<th>Sure</th>
<th>Somewhat Sure</th>
<th>Not at all Sure</th>
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<tbody>
<tr>
<td>I can find a way to get up if I fall</td>
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<td>I can increase my physical strength</td>
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During the last 4 weeks, to what extent has your concern about falling interfered with your normal social activities with family, friends, neighbors or groups?

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<th>Quite a bit</th>
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Check ONLY ONE BOX to tell us how much you are walking or exercising now.

☐ I do not exercise or walk regularly now, and I do not intend to start.

☐ I do not exercise or walk regularly, but I have been thinking of starting.

☐ I am trying to start to exercise or walk.

☐ I have exercised or walked infrequently for over a month.

☐ I am doing moderate exercise less than 3 times per week.

☐ I have been doing moderate exercise 3 or more times per week.

A Matter of Balance Volunteer Lay Leader Used and adapted by permission of Boston University. Model, MaineHealth’s Partnership for Healthy Aging.
A Matter of Balance - Last Session Survey

Today’s date:__________________________________________________________
Your Name:__________________________________________________________

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- [ ] I have exercised or walked infrequently for over a month.
- [ ] I am doing moderate exercise less than 3 times per week.
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Thank you for participating in *A Matter of Balance.* To help us further meet the needs of others throughout the community, please take a few minutes to complete this evaluation form. We appreciate your feedback.

**Please tell us your thoughts about the A Matter of Balance class:**
Please circle answers that apply on the front and back of this page.

1. **The leaders were well prepared.**
   - Strongly Agree  Agree  Disagree  Strongly Disagree

2. **The classes were well organized.**
   - Strongly Agree  Agree  Disagree  Strongly Disagree

3. **The participant workbook helped me better understand the classes.**
   - Strongly Agree  Agree  Disagree  Strongly Disagree

4. **As a result of this class, I feel more comfortable talking with others about my fear of falling.**
   - Strongly Agree  Agree  Disagree  Strongly Disagree

5. **As a result of this class, I have made changes to my environment.**
   - Strongly Agree  Agree  Disagree  Strongly Disagree
6. As a result of this class, I feel more comfortable increasing my activity.

   Strongly Agree  Agree  Disagree  Strongly Disagree

7. As a result of this class, I plan to continue exercising.

   Strongly Agree  Agree  Disagree  Strongly Disagree

8. I would recommend this class to a friend or relative.

   Strongly Agree  Agree  Disagree  Strongly Disagree

9. Are you male or female?
   Male  Female

10. How old are you?

   Less than 60 years  60 - 64 years  65 – 69 years  70
   - 74 years
   75 – 79 years  80 – 84 years  85- 89 years
   90 years and older

   What other changes have you made as a result of this class?

   Other comments or suggestions?