A Matter of Balance - First Class 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

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Model, MaineHealth’s Partnership for Healthy Aging.
6. What is your 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 Class 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>
</tr>
</thead>
<tbody>
<tr>
<td>I can find a way to get up if I fall</td>
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<td>I can become more steady on my feet</td>
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A Matter of Balance - First Class Survey

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?

Extremely  Quite  Moderately  Slightly  Not a bit  Not at all

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 - Last Session Survey

Today’s date:__________________________

Your Name:________________________________________

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A Matter of Balance Class Evaluation

Name:

Date:

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 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

A Matter of Balance Volunteer Lay Leader Model, MaineHealth’s Partnership for Healthy Aging.
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A Matter of Balance Class Evaluation

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
A Matter of Balance Class Evaluation

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?