



Master Trainer Organization Name:

Master Trainers:

A Matter of Balance Class Information

Please complete this cover page for each *Matter of Balance* class provided by your organization.

Class Site: _____

(name and address of facility where class is held)

Start Date: _____

End Date: _____

Coaches: _____

Number of participants enrolled: _____

Number of participants who completed 5 or more sessions:..... _____

Please collect the following forms for data entry:

- ✓ Completed Class Information Cover Page
- ✓ Attendance Sheet
- ✓ First and Last Session Surveys of participants who do not object to their data being entered in the database
- ✓ Any completed Class Evaluations

Thank you



A MATTER OF BALANCE

MANAGING CONCERNS ABOUT FALLS

First Session Survey

Today's Date: Month Day Year
 [][] / [][] / [][][][]

Your Name: First Last
 [][][][][][][][][][] []

The following questions will provide us with background information.

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 ?

5. Are you of Hispanic, Latino, or Spanish origin?

- Yes
- No
- Unknown

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 _____

Please turn this paper over and fill out the other side.

First Session Survey (continued)

Please mark the circle that tells us how sure you are that you can do the following activities.

| How sure are you that: | Very sure | Sure | Somewhat sure | Not at all sure |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. I can find a way to get up if I fall | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. I can find a way to reduce falls | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. I can protect myself if I fall | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. I can increase my physical strength | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. I can become more steady on my feet | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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 a bit Moderately Slightly Not at all

Mark ONLY ONE CIRCLE 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.



Today's Date: Month Day Year
 □□ / □□ / □□□□

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. Mark the 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

*Please turn this paper over
and fill out the other side.*

A Matter of Balance Class Evaluation (continued)

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 Female ?

10. How old are you?

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

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

Other comments or suggestions?