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
## Attendance

**Start Date:**

**End Date:**

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<tr>
<th>Participant Name:</th>
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A Matter of Balance Volunteer Lay Leader Model, MaineHealth’s Partnership for Healthy Aging. Used and adapted by permission of Boston University.
First Session Survey

Today's Date: [ ] / [ ] / [ ]

Your Name: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

The following questions will provide us with background information.

1. What is your date of birth? [ ] / [ ] / [ ]

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

How sure are you that:

1. I can find a way to get up if I fall
2. I can find a way to reduce falls
3. I can protect myself if I fall
4. I can increase my physical strength
5. I can become more steady on my feet

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?

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

### How sure are you that:

<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>1. I can find a way to get up if I fall</td>
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<tr>
<td>2. I can find a way to reduce falls</td>
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<tr>
<td>3. I can protect myself if I fall</td>
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<tr>
<td>4. I can increase my physical strength</td>
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<tr>
<td>5. I can become more steady on my feet</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?

- [ ] 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.
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.*
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?