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:

	Very Sure	Sure	Somewhat Sure	Not at all Sure
I can find a way to get up if I fall	☐	☐	☐	☐
I can find ways to reduce falls	☐	☐	☐	☐
I can protect myself if I fall	☐	☐	☐	☐
I can increase my physical strength	☐	☐	☐	☐
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?

Extremely	Quite a bit	Moderately	Slightly	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:_____

<u>Falls Management:</u> 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:

	Very Sure	Sure	Somewhat Sure	Not at all Sure
I can find a way to get up if I fall	☐	☐	☐	☐
I can find ways to reduce falls	☐	☐	☐	☐
I can protect myself if I fall	☐	☐	☐	☐
I can increase my physical strength	☐	☐	☐	☐
I can become more steady on my feet	☐	☐	☐	☐

During the <u>last 4 weeks</u>, 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
☐	☐	☐	☐	☐

Check <u>ONLY ONE BOX</u> 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.**

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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 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?