

# 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

# A Matter of Balance - First Class Survey

## 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 :

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**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:**

	<b>Very Sure</b>	<b>Sure</b>	<b>Somewhat Sure</b>	<b>Not at all Sure</b>
<b>I can find a way to get up if I fall</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>I can find ways to reduce falls</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>I can protect myself if I fall</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>I can increase my physical strength</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>I can become more steady on my feet</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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?**

<b>Extremely</b>	<b>Quite</b>	<b>Moderately</b>	<b>Slightly</b>	<b>Not</b>
	<b>a bit</b>			<b>at all</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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: \_\_\_\_\_

**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:

	<b>Very Sure</b>	<b>Sure</b>	<b>Somewhat Sure</b>	<b>Not at all Sure</b>
<b>I can find a way to get up if I fall</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>I can find ways to reduce falls</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>I can protect myself if I fall</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>I can increase my physical strength</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>I can become more steady on my feet</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## A Matter of Balance - Last Session 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 a bit	Moderately	Slightly	Not at all
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.
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- I am trying to start to exercise or walk.
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- I have been doing moderate exercise 3 or more times per week.

# 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 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

# **A Matter of Balance Class Evaluation**

## **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?**