

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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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:

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

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:

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