

# 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 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 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 | <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"/> |

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 - 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<br>Sure             | Sure                     | Somewhat<br>Sure         | Not at<br>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"/> |

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.
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- I have been doing moderate exercise 3 or more times per week.

## A Matter of Balance Class Evaluation

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**Name:**

**Date:**

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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

## A Matter of Balance Class Evaluation

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**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  
– 74 years

60 - 64 years

65 – 69 years

70

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?**