



Registration Questionnaire for Potential Participants

Name _____

Phone (H) _____ Phone (Cell) _____ Phone (W) _____

Address _____

E-mail _____

1. Is potential participant over the age of 60? Yes No
2. Is potential participant mobile? Yes No
3. Is potential participant able to problem solve and change behaviors? Yes No
4. Has potential participant had a fall in the past? Yes No
5. Does potential participant have concerns about future falls? Yes No
6. Does potential participant have restricted activities because of falling concerns? Yes No
7. Is potential participant interested in improving balance, flexibility and strength? Yes No
8. Is potential participant willing complete the questionnaires before and after the program? Yes No
9. Does potential participant understand that this is an eight week program that meets for two hours a week? Yes No
10. Does the participant want to commit to the entire program? Yes No

Additional Comments

