

6. Please check the box that tells us how sure you are that you can do the following activities.

How sure are you that:	Very Sure	Sure	Somewhat Sure	Not at all sure
a. I can find a way to get up if I fall				
b. I can find a way to reduce falls				
c. I can protect myself if I fall				
d. I can increase my physical strength				
e. I can become more steady on my feet				

7. 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

8. Please tell us your thoughts about this program. Check one square for each question.

As a result of this program:	Strongly Agree	Agree	Disagree	Strongly Disagree
a. I feel more comfortable talking to my health care provider about my medications and other possible risks for falling.				
b. I feel more comfortable talking to my family and friends about falling.				
c. I feel more comfortable increasing my activity.				
d. I plan to continue exercising.				
e. I feel more satisfied with my life.				
f. I would recommend this program to a friend or relative.				

9. Since this program began, what have you done to reduce your chance of a fall? Check all that apply.

- Talked to a family member or friend about how I can reduce my risk of falling
- Talked to a health care provider about how I can reduce my risk of falling
- Had my vision checked
- Had my medications reviewed by a health care provider or pharmacist
- Participated in another fall prevention program in my community
- Did exercises I learned in this program at home
- Made changes in my home to reduce my risk of falling (for example, secured rugs or improved lighting)

Thank you for taking this survey!

This section to be completed by the Evaluator

Evaluator: See STEADI handouts for instructions to perform tests. Record the participant's scores on this page.

Evaluator's Name: _____ Date: _____

TIMED UP & GO (TUG)

Trial	Seconds
1 (Practice)	
2	
3	
	Average of trials two and three = _____ seconds (TUG score)

Walking Aid used? Yes No Type of aid: _____

30 SECOND SIT TO STAND

_____ # of Stands (put "0" if they cannot perform 1 as instructed)