



## Health Insurance Information (optional)

**10. What health insurance are you currently covered by for healthcare needs (check all that apply)**

- Medicaid
- Medicare
- TriCare
- Veterans Health
- Private Insurance Type: \_\_\_\_\_
- No Insurance

**11. Have you taken this falls prevention program before?**

- Yes
- No

**12. In general, would you say that your health is:**

- Excellent
- Very good
- Good
- Fair
- Poor

**13. Has a health care provider ever told you that you have any of the following chronic conditions (i.e., one that has lasted for three months or more)? (Please check all that apply.)**

- Arthritis or other bone/joint disease
- Heart disease or blood circulation problem
- Breathing/lung disease
- Glaucoma/ other chronic eye problem
- Depression
- Other chronic condition: \_\_\_\_\_
- Diabetes
- None (No chronic conditions)

**14. Are you limited in any way in any activities because of physical, mental, or emotional problems?**

- Yes
- No

The next few questions ask about falls. By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level.

**15. How fearful are you of falling?**

- Not at all                       A little                       Somewhat                       A lot

**16. In the past 3 months, how many times have you fallen?**     none                       \_\_\_\_\_ # times

**If you fell in the past 3 months, how many of these falls caused an injury?**

(By an injury we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor.) \_\_\_\_\_ # of falls causing an injury

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

<b>How sure are you that:</b>	<b>Very Sure</b>	<b>Sure</b>	<b>Somewhat sure</b>	<b>Not at all sure</b>
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				

**18. 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

Thank you for taking this survey!