

# Falls Prevention Program Information Cover Sheet

**Instructions to the Leaders/Coaches/Instructors:** Please use this as a cover sheet for the completed data collection forms to return to the Survey Coordinator at the end of the program.

1. Site Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

2. If this is a new program delivery/ implementation site, please also complete 2a and 2b:

a. Street Address: \_\_\_\_\_ Zip code: \_\_\_\_\_

b. Type of site (select the type that best describes your site):

<input type="checkbox"/> Municipal Government	<input type="checkbox"/> Recreational Organization
<input type="checkbox"/> Area Agency on Aging	<input type="checkbox"/> Residential Facility
<input type="checkbox"/> County Health Department	<input type="checkbox"/> Senior Center
<input type="checkbox"/> Educational Institution	<input type="checkbox"/> Other Community Center
<input type="checkbox"/> Faith-based Organization	<input type="checkbox"/> Tribal Center
<input type="checkbox"/> Health Care Organization	<input type="checkbox"/> Workplace
<input type="checkbox"/> Library	<input type="checkbox"/> Other (please specify):
<input type="checkbox"/> Multi-purpose social services organization	

3. Name of parent/host/sponsoring organization licensed to offer program: \_\_\_\_\_

4. Leader/Coach/Instructor Names (Please provide your first and last names and provide the daytime phone number or email of the best person to contact about any questions on the forms.)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Phone : \_\_\_\_\_ Email: \_\_\_\_\_

5. Program Start Date (mm/dd/yyyy): \_\_\_\_\_ End Date (mm/dd/yyyy): \_\_\_\_\_

6. Did you offer a "Session 0" with this workshop? (Session 0 is an optional pre-workshop session provided by some agencies.)  Yes  No

7. What type of program is this? (Mark only one.)

<input type="checkbox"/> A Matter of Balance
<input type="checkbox"/> Tai Chi: Moving for Better Balance

## Falls Prevention Program Group Leader/ Coach Script

Read/ paraphrase the following points to participants prior to their completion of the Participant Information Form.

- This workshop is made possible by a grant from the U.S. Administration on Community Living (ACL).
- We would like to give you an optional survey today and then at the last class we will again ask you to complete a brief post-survey.
- Before we share your information with ACL, we want to explain how your information will be used and protected.
- Your information is very valuable to us. We use it to learn who is being reached by this program and to improve our services. It also helps our funding agencies show that they are spending their money wisely.
- At the top of the form, we ask for the first two letters of your first and last name and the last two years of the year you were born. We will use this to match your information to an Attendance Log to track how many times you attend a class and to the post-survey. We do not share this information with anyone else.
- The form also asks you to provide some personal information such as your age and gender. You may skip any questions that you do not want to answer. While completing the form, you may ask us to explain any questions that you find confusing.
- We follow very strict rules to protect all of your information and to keep it private. We will maintain these paper forms securely following standard practices for protecting private data. After a trained person enters your information into a secure computer database, we will destroy the paper forms.
- Completing the form is entirely voluntary. If you decide not to it you can still participate in this program.
- Please take time now to read the form and let us know if you have any questions.