

# Matter of Balance Participant Post Program Survey

Today's date:     /    /      
                  M M   D D   Y Y   Y Y

Participant I.D.                          (first two letters of your first name, first two letters of your last name, last two numbers of your birth year)

**Eg. Jane Smith, 1950 would be JASM50**

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

- Excellent       Very good       Good       Fair       Poor

***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.***

2. Since this program began, how many times have you fallen?  none     \_\_\_\_\_times

***If you fell since the program began:***

a. 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.)*

\_\_\_\_\_ number of falls causing an injury

b. where did the fall(s) occur *(Please check all that apply)?*

- Indoors     Outdoors     Both indoors and outdoors

c. what happened after you fell and had an injury? *(Please check all that apply)*

- Went to the Emergency Room       Was admitted to the hospital  
 Visited my Primary Care Physician     Did not seek medical care

3. How fearful are you of falling?

- Not at all       A little       Somewhat       A lot

4. Please mark the circle that tells us how sure you are that you can do the following activities.

**How sure are you that:**

	Very Sure	Sure	Somewhat	Not at all sure
a. I can find a way to get up if I fall	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I can find a way to reduce falls	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I can protect myself if I fall	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I can increase my physical strength	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I can become more steady on my feet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Please turn this paper over and fill out the other side.**

## Participant Post Program Survey (continued)

5. 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

6. Please tell us your thoughts about this program. **Check one circle 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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I feel more comfortable talking to my family and friends about falling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I feel more comfortable increasing my activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I feel more satisfied with my life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I would recommend this program to a friend or relative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. 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

8. I have made safety modifications in my home, such as installing grab bars or securing loose rugs, to reduce my risk of falling. \_\_\_ True \_\_\_ False

9. What best describes your activity level?

- Vigorously active for at least 30 min, 3 times per week
- Moderately active at least 3 times per week
- Seldom active, preferring sedentary activities

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