



**A MATTER OF  
BALANCE**  
MANAGING CONCERNS ABOUT FALLS



## **A Matter of Balance – Managing Concerns About Falls Pre-Screening of Potential Participants**

Name \_\_\_\_\_

Phone (H) \_\_\_\_\_ Phone (Cell) \_\_\_\_\_ Phone (W) \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

E-mail \_\_\_\_\_

Is potential participant over the age of 60? ☐ Yes ☐ No

Is potential participant mobile? ☐ Yes ☐ No

Is potential participant able to problem solve and change behaviors? ☐ Yes ☐ No

Has potential participant had a fall in the past? ☐ Yes ☐ No

Does potential participant have concerns about future falls? ☐ Yes ☐ No

Does potential participant have restricted activities because of falling concerns? ☐ Yes ☐ No

Is potential participant interested in improving balance, flexibility and strength? ☐ Yes ☐ No

Is potential participant willing complete the questionnaires before and after the program? ☐ Yes ☐ No

Does potential participant understand that this is an eight week program that meets for two hours a week?  
And does the participant want to commit to the entire program? ☐ Yes ☐ No

Additional Comments

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