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**Master Trainer Organization Name:**  
Master Trainers:

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***A Matter of Balance Class Information***

Please complete this cover page for each *Matter of Balance* class provided by your organization.

Class Site: \_\_\_\_\_

\_\_\_\_\_  
(***name and address*** of facility where class is held)

Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

Coaches: \_\_\_\_\_

\_\_\_\_\_

Number of participants enrolled: ..... \_\_\_\_\_

Number of participants who completed 5 or more sessions:..... \_\_\_\_\_

Please collect the following forms for data entry:

- ✓ Completed Class Information Cover Page
- ✓ Attendance Sheet
- ✓ First and Last Session Surveys of participants who do not object to their data being entered in the database
- ✓ Any completed Class Evaluations

***Thank you***



# A MATTER OF BALANCE

## Attendance

MANAGING CONCERNS ABOUT FALLS

Start Date:  /  /

End Date:  /  /

Session									
Participant Name:	1	2	3	4	5	6	7	8	Total
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>



# A MATTER OF BALANCE

MANAGING CONCERNS ABOUT FALLS

## First Session Survey

Today's Date:      Month      Day      Year  
                          /  /

Your Name:      First      Last  
                              

The following questions will provide us with background information.

1. What is your date of birth?      Month      Day      Year  
                          /  /

2. What is your zip code?

3. Today, how many people live in your household (including yourself)?

4. Are you: ☐ Female    ☐ Male ?

5. Are you of Hispanic, Latino, or Spanish origin?

- ☐ Yes
- ☐ No
- ☐ Unknown

6. What is your race? (Mark all that apply.)

- ☐ American Indian or Alaska Native
- ☐ Asian or Asian-American
- ☐ Black or African-American
- ☐ Hawaiian Native or Pacific Islander
- ☐ White or Caucasian
- ☐ Other \_\_\_\_\_

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

## First Session Survey (continued)

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 sure	Not at all sure
1. I can find a way to get up if I fall	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I can find a way to reduce falls	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I can protect myself if I fall	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I can increase my physical strength	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I can become more steady on my feet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

Mark ONLY ONE CIRCLE to tell us how much you are walking or exercising now.

- ☐ I do not exercise or walk regularly now, and I do not intend to start.
- ☐ I do not exercise or walk regularly, but I have been thinking of starting.
- ☐ I am trying to start to exercise or walk.
- ☐ I have exercised or walked infrequently for over a month.
- ☐ I am doing moderate exercise less than 3 times per week.
- ☐ I have been doing moderate exercise 3 or more times per week.



# A MATTER OF BALANCE

MANAGING CONCERNS ABOUT FALLS

## Last Session Survey

Today's Date:    Month    Day    Year  
                    □ □    /    □ □    /    □ □ □ □

Your Name:    First    Last  
                    □ □ □ □ □ □ □ □    □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □

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 sure	Not at all sure
1. I can find a way to get up if I fall	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I can find a way to reduce falls	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I can protect myself if I fall	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I can increase my physical strength	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I can become more steady on my feet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Today's Date:    Month    Day    Year  
                  □□ / □□ / □□□□

Thank you for participating in *A Matter of Balance*. To help us further meet the needs of others throughout the community, please take a few minutes to complete this evaluation form. We appreciate your feedback.

**Please tell us your thoughts about the *A Matter of Balance* class.** Mark the answers that apply on the front and back of this page.

1. The leaders were well prepared.

☐ Strongly agree    ☐ Agree    ☐ Disagree    ☐ Strongly disagree

2. The classes were well organized.

☐ Strongly agree    ☐ Agree    ☐ Disagree    ☐ Strongly disagree

3. The participant workbook helped me better understand the classes.

☐ Strongly agree    ☐ Agree    ☐ Disagree    ☐ Strongly disagree

4. As a result of this class, I feel more comfortable talking with others about my fear of falling.

☐ Strongly agree    ☐ Agree    ☐ Disagree    ☐ Strongly disagree

5. As a result of this class, I have made changes to my environment.

☐ Strongly agree    ☐ Agree    ☐ Disagree    ☐ Strongly disagree

6. As a result of this class, I feel more comfortable increasing my activity.

☐ Strongly agree    ☐ Agree    ☐ Disagree    ☐ Strongly disagree

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

## ***A Matter of Balance Class Evaluation (continued)***

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7. As a result of this class, I plan to continue exercising.

☐ Strongly agree   ☐ Agree   ☐ Disagree   ☐ Strongly disagree

8. I would recommend this class to a friend or relative.

☐ Strongly agree   ☐ Agree   ☐ Disagree   ☐ Strongly disagree

9. Are you:   ☐ Male   ☐ Female ?

10. How old are you?

☐ Less than 60 years   ☐ 75-79 years  
☐ 60-64 years   ☐ 80-84 years  
☐ 65-69 years   ☐ 85-89 years  
☐ 70-74 years   ☐ 90 years or older

What other changes have you made as a result of this class?

Other comments or suggestions?