

Participant Number or Name: \_\_\_\_\_

Workshop ID: \_\_\_\_\_ Site Name: \_\_\_\_\_

Start date of program: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (e.g., 05/01/23)

**Program Name:**

- A Matter of Balance  
 Tai Chi for Arthritis and Fall Prevention  
 Bingocize®

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

- Excellent    Very Good    Good    Fair    Poor

2. How often do you feel lonely or isolated from those around you?

- Never    Rarely    Sometimes    Often    Always

***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.***

3. 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. Did you tell anyone, such as a family member, friend, or healthcare provider about this fall, whether or not it resulted in an injury?

- Yes    No

c. What happened after you fell? *(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

4. How fearful are you of falling?

- Not at all    A little    Somewhat    A lot

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?

- Not at all     Slightly     Moderately     Quite a bit     Extremely

6. Please use an **X** to tell us how sure you are that you can do the following activities.

	Not at all sure	Somewhat sure	Neutral	Sure	Very Sure
a. I can find a way to get up if I fall					
b. I can find a way to reduce falls					
c. I can increase my flexibility					
d. I can increase my physical strength					
e. I can become more steady on my feet					

7. 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

8. Please use an **X** to tell us your thoughts about this program.

As a result of this program:	Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
a. I feel more comfortable talking to my health care provider about my medications and other possible risks for falling.					
b. I feel more comfortable talking to my family and friends about falling.					
c. I feel more comfortable increasing my activity.					
d. I feel more satisfied with my life.					
e. I would recommend this program to a friend or relative.					
f. I have reduced my fear of falling.					
g. I plan to continue to exercise.					
h. I have made safety modifications in my home, such as installing grab bars or securing loose rugs.					

9. 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 or plan to participate in another fall prevention program in my community

10. The UCLA 3-item Loneliness scale:

	<b>Hardly ever</b>	<b>Some of the time</b>	<b>Often</b>
a. How often do you feel that you lack companionship?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. How often do you feel left out?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. How often do you feel isolated from others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. The class helped me achieve the goals I set in my action plan(s):

Yes       No

12. Would you be willing to share your story to help other people gain access to these programs?

Yes       No

13. What is most valuable to you in this program?

---

---

---

14. Please provide any thoughts or feedback about the program leader(s):

---

---

---

15. Please provide any other information you would like us to know:

---

---

---