

## A Matter of Balance

### *Falls Prevention Program Information Cover Sheet*

**Instructions to the Leaders/Coaches/Instructors: Please provide the requested details about this program. Please print clearly. Use this as a cover sheet for the completed data collection forms to return to the Survey Coordinator.**

1. Site Name: \_\_\_\_\_ Virtual: Yes      No  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

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

_____	(____)	_____	_____
First Name	Last Name	Phone	Email

_____	(____)	_____	_____
First Name	Last Name	Phone	Email

3. Would you like to receive program information from the National Falls Prevention Resource Center?  
 Yes     No

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

5. Did you offer a “session 0” with this program? (Session 0 is an optional pre-program session. Not all programs offer a Session 0.)  
 Yes     No     Don’t know

6. What type of program is this? Mark only one. [Note to grantee: adapt this section to fit local programming]

- |  |   |
|--|---|
| <input type="checkbox"/> A Matter of Balance<br><input type="checkbox"/> Bingocize<br><input type="checkbox"/> CAPABLE<br><input type="checkbox"/> EnhanceFitness<br><input type="checkbox"/> FallsTalk<br><input type="checkbox"/> FallsScape<br><input type="checkbox"/> Fit & Strong!<br><input type="checkbox"/> Healthy Steps for Older Adults (HSOA) | <input type="checkbox"/> Healthy Steps in Motion<br><input type="checkbox"/> Moving for Better Balance (YMCA)<br><input type="checkbox"/> The Otago Exercise Program<br><input type="checkbox"/> Stay Active and Independent for Life (SAIL)<br><input type="checkbox"/> Stepping On<br><input type="checkbox"/> Tai Chi for Arthritis<br><input type="checkbox"/> Tai Chi Prime<br><input type="checkbox"/> Tai Ji Quan: Moving for Better Balance |
|--|---|

7. Please check which language you used when offering this program:

English     Spanish     Other: \_\_\_\_\_

8. What funding source(s) were used in direct support of this program? Check all that apply.

- ACL Falls Prevention Grant
- Older Americans Act (Title III-D, Title III-E, etc.)
- Centers for Disease Control and Prevention
- Other Federal Funding
- Medicaid/Medicaid Waiver
- Medicare/Medicare Advantage
- Other Health Care Payer
- Foundation Funding
- Corporate Sponsor
- Don't Know
- Other: \_\_\_\_\_