

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. If you check **A Matter of Balance**, please list the **Master Trainer** who provides fidelity support for your workshops: _____

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