

# Falls Prevention Program Information Cover Sheet

**Instructions to the Leaders/Coaches/Instructors:** Please use this as a cover sheet for the completed data collection forms to return to the Survey Coordinator at the end of the program.

1. Site Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

2. If this is a new program delivery/ implementation site, please also complete 2a and 2b:

a. Street Address: \_\_\_\_\_ Zip code: \_\_\_\_\_

b. Type of site (select the type that best describes your site):

<input type="checkbox"/> Municipal Government	<input type="checkbox"/> Recreational Organization
<input type="checkbox"/> Area Agency on Aging	<input type="checkbox"/> Residential Facility
<input type="checkbox"/> County Health Department	<input type="checkbox"/> Senior Center
<input type="checkbox"/> Educational Institution	<input type="checkbox"/> Other Community Center
<input type="checkbox"/> Faith-based Organization	<input type="checkbox"/> Tribal Center
<input type="checkbox"/> Health Care Organization	<input type="checkbox"/> Workplace
<input type="checkbox"/> Library	<input type="checkbox"/> Other (please specify):
<input type="checkbox"/> Multi-purpose social services organization	

3. Name of parent/host/sponsoring organization licensed to offer program: \_\_\_\_\_

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

Name: \_\_\_\_\_ Phone \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Phone : \_\_\_\_\_ Email: \_\_\_\_\_

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

6. Did you offer a "Session 0" with this workshop? (Session 0 is an optional pre-workshop session provided by some agencies.)  Yes  No

7. What type of program is this? (Mark only one.) **[Note to Grantee: adapt this to fit local programming]**

<input type="checkbox"/> A Matter of Balance	<input type="checkbox"/> YMCA Moving for Better Balance program
<input type="checkbox"/> Stepping On	<input type="checkbox"/> Tai Chi: Moving for Better Balance
<input type="checkbox"/> Stay Active and Independent for Life	<input type="checkbox"/> Other—list name:

8. Number of participants enrolled (who attended at least one class): \_\_\_\_\_

Number of completers (who attended at least 60% of the possible classes, excluding Session 0): \_\_\_\_\_