

# Program Name

## *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.

Public Burden Statement:

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number (OMB 0985-0039). Public reporting burden for this collection of information averages and estimate of .50 hours per response, including time for gathering, maintaining the data, completing, and reviewing the collection of information. The obligation to respond to this collection is voluntary.

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

_____	_____	Ph: ( ) - _____
First Name	Last Name	Email: _____

3. Would you like to receive program information from the National Falls Prevention Resource Center?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	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.)

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
<input type="checkbox"/>	Don't know

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

- A Matter of Balance
- Bingocize
- CAPABLE
- EnhanceFitness
- FallsTalk
- FallsScape
- Fit & Strong!
- Healthy Steps for Older Adults (HSOA)
- Healthy Steps in Motion
- Moving for Better Balance (YMCA)
- The Otago Exercise Program
- Stay Active and Independent for Life (SAIL)
- Stepping On
- Tai Chi for Arthritis
- Tai Chi Prime
- 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

<input type="checkbox"/>	Other Health Care Payer
<input type="checkbox"/>	Foundation Funding
<input type="checkbox"/>	Corporate Sponsor
<input type="checkbox"/>	Don't Know
<input type="checkbox"/>	Other: _____