QI MOB POST SURVEY_20230925-32617-AERP

OMB CONTROL NUMBER: 0704-0553 OMB EXPIRATION DATE: 05/31/2025

AGENCY DISCLOSURE NOTICE

The public reporting burden for this collection of information, 0704-0553, is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

The "Matter of Balance" program is a health initiative designed to reduce fear of falling and increase activity levels among older adults.

The purpose of this interview guide is to obtain qualitative data about the "Matter of Balance" program. It is designed to understand experiences, perceptions, and outcomes of participants, to identify areas of success, and highlight opportunities for improvement. It will also help ensure participant-centered care and meet their needs and preferences. The goal is to enhance the quality of the program, leading to better outcomes for its participants. Please do not include any personally identifiable information.

Thank you for taking the time to share your thoughts.

**Experience with the Program: **

 Can you please tell me about your experience with the "Matter of Balance" program?

- 2. How did you hear about this program?
- 3. What were your expectations from the program and were they met?

4.	What specific activities or exercises did you find most beneficial?	
5.	Were there any aspects of the program you found difficult or challenging?	
6.	Did you feel supported and understood by the trainers or facilitators?	
**Impact of the Program: **		
7.	Have you noticed any changes in your balance, mobility, or confidence since starting the program?	
8.	Has the program affected your fear of falling? If so, how?	
9.	Have you made any changes in your lifestyle or daily routine after participating in the program?	

QI MOB POST SURVEY_20230925-32617-AERP

**Program Improvement: **	
10	0. What aspects of the program do you feel could be improved?
1:	1.Would you recommend this program to others?
	oo you have any other comments, questions, or concerns about the program that would like to share?