1. In general, would you say that your health is:
   - O Excellent
   - O Very good
   - O Good
   - O Fair
   - O Poor

2. How often do you feel lonely or isolated from those around you?
   - O Never
   - O Rarely
   - O Sometimes
   - O Often
   - O Always

The next few questions ask about falls. By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level.

3. Since this program began, how many times have you fallen? O none O ________ times
   If you fell since the program began:
   a. how many of these falls caused an injury? (By an injury we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor.)
      ________ number of falls causing an injury
   b. Did you tell anyone, such as a family member, friend, or healthcare provider about this fall, whether or not it resulted in an injury? O Yes O No
   c. what happened after you fell? (Please check all that apply)
      O Went to the Emergency Room
      O Visited my Primary Care Physician
      O Was admitted to the hospital
      O Did not seek medical care

4. How fearful are you of falling?
   - O Not at all
   - O A little
   - O Somewhat
   - O A lot

5. Please mark the circle that tells us how sure you are that you can do the following activities.

How sure are you that:

<table>
<thead>
<tr>
<th></th>
<th>Not at all sure</th>
<th>Somewhat sure</th>
<th>Neutral</th>
<th>Sure</th>
<th>Very Sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. I can find a way to get up if I fall</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>b. I can find a way to reduce falls</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>c. I can increase my flexibility</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>d. I can increase my physical strength</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>e. I can become more steady on my feet</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

Please turn this paper over and fill out the other side.
6. During the last 4 weeks, to what extent has your concern about falling interfered with your normal social activities with family, friends, neighbors or groups?
   ○ Not at all ○ Slightly ○ Moderately ○ Quite a bit ○ Extremely

7. Please tell us your thoughts about this program. Check one circle for each question.

<table>
<thead>
<tr>
<th>As a result of this program:</th>
<th>Strongly Agree</th>
<th>Disagree</th>
<th>Neither agree nor disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. I feel more comfortable talking to my health care provider about my medications and other possible risks for falling</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. I feel more comfortable talking to my family and friends about falling</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. I feel more comfortable increasing my activity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>d. I feel more satisfied with my life</td>
<td></td>
<td></td>
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<tr>
<td>e. I would recommend this program to a friend or relative</td>
<td></td>
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<tr>
<td>f. I have reduced my fear of falling</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>g. I plan to continue to exercise</td>
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<tr>
<td>h. I have made safety modifications in my home, such as installing grab bars or securing loose rugs.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

8. Since this program began, what have you done to reduce your chance of a fall? Check all that apply.
   ○ Talked to a family member or friend about how I can reduce my risk of falling
   ○ Talked to a health care provider about how I can reduce my risk of falling
   ○ Had my vision checked
   ○ Had my medications reviewed by a health care provider or pharmacist
   ○ Participated in or plan to participate in another fall prevention program in my community

9. What best describes your activity level?
   ○ Vigorously active for at least 30 min, 3 times per week
   ○ Moderately active at least 3 times per week
   ○ Seldom active, preferring sedentary activities