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: ________________________________
   Address: __________________________________________________________
   City: ___________________________ State: _______ Zip: ___________

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: ___________________________

   Would you like to receive program information from the National Falls Prevention Resource Center?
   Yes [ ] No [ ]

   ___________________________  Ph: ( )
   First Name  Last Name  Email: ___________________________

   Would you like to receive program information from the National Falls Prevention Resource Center?
   Yes [ ] No [ ]

3. Program Start Date (mm/dd/yyyy): ______/____/____
   End Date (mm/dd/yyyy): ______/____/____

4. 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
5. 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

6. Please check which language you used when offering this program:

- English
- Spanish
- Other: __________________________________________

7. 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: __________________________________________