

Falls Prevention Program Information Cover Sheet

Instructions to the Leaders/ Coaches: Please use this as a cover sheet for the completed data collection forms to return to the Survey Coordinator.

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. Leaders'/ Coaches Names (Please provide your first and last names and provide your daytime phone number or email so that we may contact you with any questions about 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): _____