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## ***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 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)

_____ ( _____ )			
First Name	Last Name	Phone	Email
_____ ( _____ )			
First Name	Last Name	Phone	Email

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

☐ Yes ☐ 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.)

☐ Yes ☐ No ☐ Don’t know

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

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

<input type="checkbox"/>	ACL Falls Prevention Grant
<input type="checkbox"/>	Older Americans Act (Title III-D, Title III-E, etc.)
<input type="checkbox"/>	Centers for Disease Control and Prevention
<input type="checkbox"/>	Other Federal Funding
<input type="checkbox"/>	Medicaid/Medicaid Waiver
<input type="checkbox"/>	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: _____