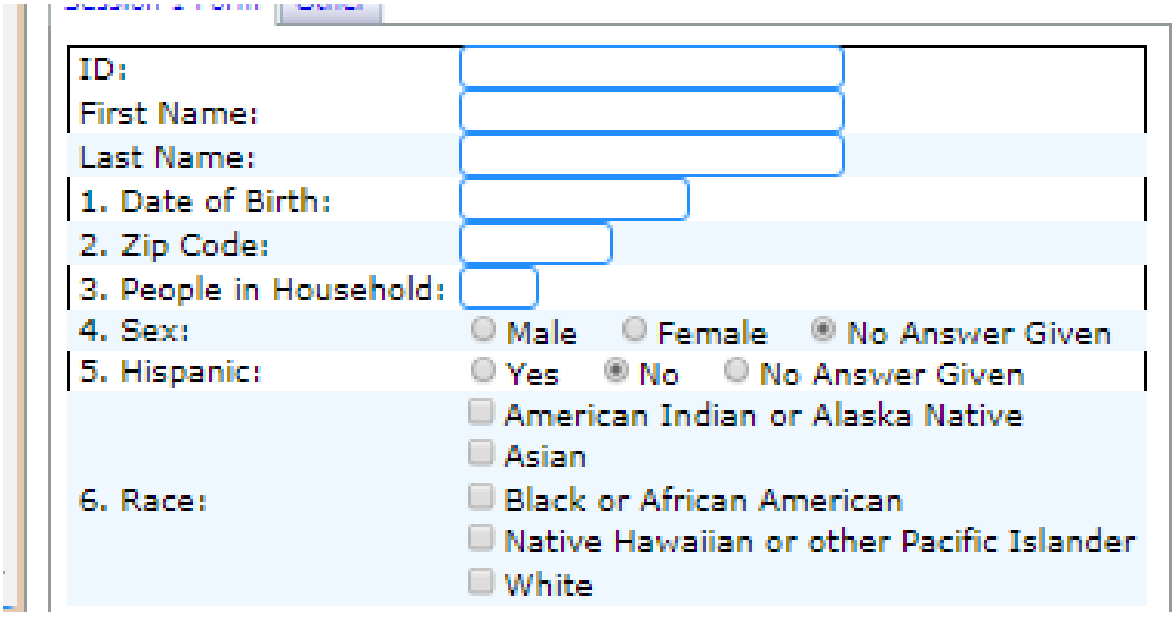
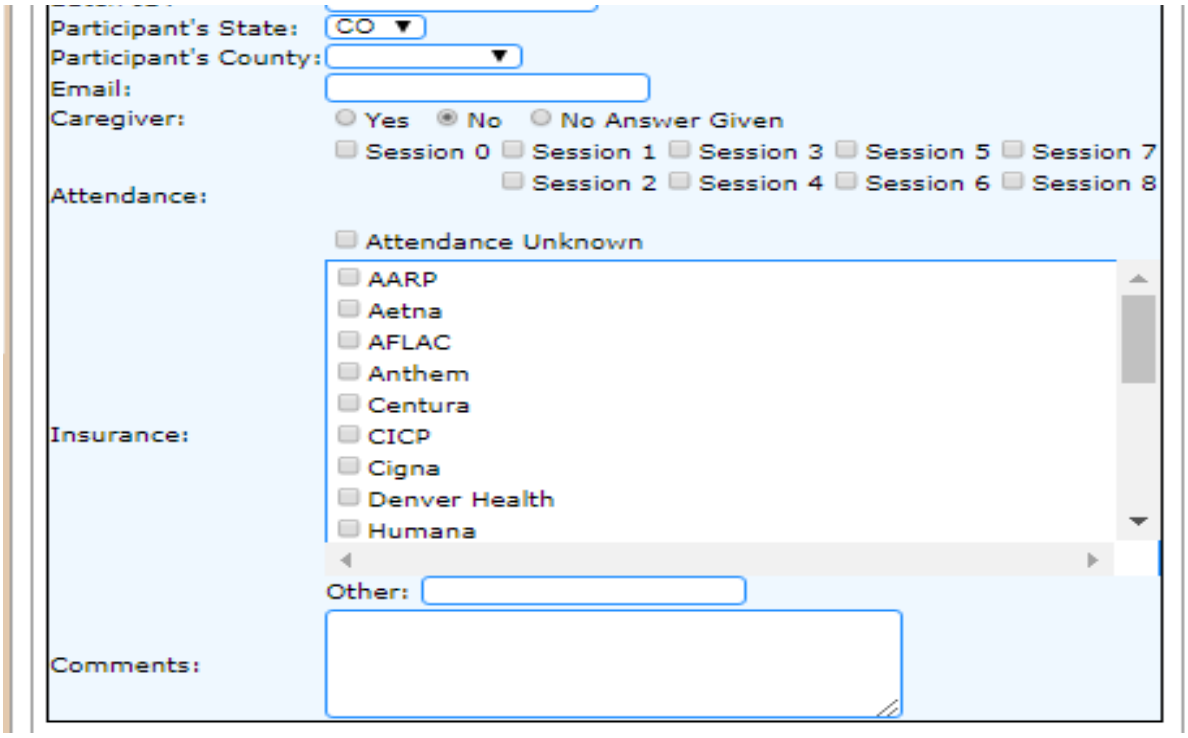
Dear Friend in Falls Prevention,

In October of 2017 several of us (Robert Hayes, Alison Weston, Darcy Martin, and Lynnzy McIntosh) gathered to discuss the possibility of collecting Stepping On data across multiple health systems. There is strength in numbers. What we have here is a DRAFT of the data collection possibilities we discussed. The data is divided into two areas; what we ask at the start of a class as the Participant Information Form and what we ask as a Pre, Post, and Follow-Up measure. Asking the same questions at three points in time (Pre class, Post class series and Follow-Up six months later) will give us data to show changes.

These are the draft questions--the data we could collect. Once we are in agreement we can put the forms together. We can make sure the forms are attractive, easy to read, and that the flow of the questions matches the flow of the data entry.

This is the basic Participant Information required now by the National Council on Aging and the Administration on Community Living. We can use this as the basis of our Participant Information Form.





We've like to suggest asking the following questions as part of the Participant Information Form:

01) How did you hear about this program?
- ○ Physician or Physical Therapist
- ○ Friend or Family Member
- ○ Hospital
- ○ Recreation Center
- ○ Newspaper / Advertisement
- ○ Other

02) Would you say that in general your health is:
- ○ Excellent
- ○ Very Good
- ○ Good
- ○ Fair
- ○ Poor

03) Check ALL the boxes that describe your home life:
- ☐ Excellent
- ☐ Very Good
- ☐ Good
- ☐ Fair
- ☐ Poor

04) In the past 12 months, how many times have you fallen? ☐

05) If you fell, how many of these falls caused an injury? ☐

06) When was the last time you had an eye exam? ☐

07) How many medications do you take, including over-the-counter and vitamins? ☐

As for the Pre, Post and Follow-Up questions, here is the list compiled based on forms shared in our October meeting.

1) How frequently do you exercise? (Daily, 3+ times a Week, Once a Week, Not often, Never)

2) Where do you exercise? (Home, Gym/YMCA, Community/Recreation Center)

3) In the past month how many times have you fallen?

4) If you've fallen in the past month, how many of these falls resulted in an injury?

5) What steps have you already taken to reduce your risk of falling? (list includes- Talked with family and friends, talked with primary care provider, reviewed medications with primary care provider or pharmacist, Made changes in my home, had my vision checked)

6) In the next three months, what steps do you plan to take to reduce your chances of falling? (list includes- Continue Exercising, Talked with family and friends, talked with primary care provider, reviewed medications with primary care provider or pharmacist, Made changes in my home, had my vision checked)

7) On a scale of 1-10 how afraid are you of falling? 1 being not afraid, 10 being you've changed activities because you are afraid (needs re-wording)

8) Do you believe this class can help reduce your risk of falling?

9) Would you recommend this program to a friend of relative?

10) May we send you information on additional programs and classes?

Please feel free to make suggestions or corrections!

Thank You for Your Input,

Lynnzy@COAW.org