

Program Name

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: _____