



A MATTER OF BALANCE

MANAGING CONCERNS ABOUT FALLS

Class Evaluation

Today's Date: Month Day Year
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Thank you for participating in *A Matter of Balance*. To help us further meet the needs of others throughout the community, please take a few minutes to complete this evaluation form. We appreciate your feedback.

Please tell us your thoughts about the *A Matter of Balance* class. Mark the answers that apply on the front and back of this page.

1. The leaders were well prepared.

Strongly agree Agree Disagree Strongly disagree

2. The classes were well organized.

Strongly agree Agree Disagree Strongly disagree

3. The participant workbook helped me better understand the classes.

Strongly agree Agree Disagree Strongly disagree

4. As a result of this class, I feel more comfortable talking with others about my fear of falling.

Strongly agree Agree Disagree Strongly disagree

5. As a result of this class, I have made changes to my environment.

Strongly agree Agree Disagree Strongly disagree

6. As a result of this class, I feel more comfortable increasing my activity.

Strongly agree Agree Disagree Strongly disagree

*Please turn this paper over
and fill out the other side.*

A Matter of Balance Class Evaluation (continued)

7. As a result of this class, I plan to continue exercising.

- Strongly agree Agree Disagree Strongly disagree

8. I would recommend this class to a friend or relative.

- Strongly agree Agree Disagree Strongly disagree

9. Are you: Male Female ?

10. How old are you?

- Less than 60 years 75-79 years
 60-64 years 80-84 years
 65-69 years 85-89 years
 70-74 years 90 years or older

What other changes have you made as a result of this class?

Other comments or suggestions?