



*At the Center of it All*

## **FY 2016 Service Incentive Grant Funded Projects**

### **Falls Prevention Exercise Classes Toolkit**

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**Tools with instructions for meeting grant requirements for a final report (See the MCOA Contract, Section III for details.)**

1. 6-Month Attendance Tally Sheet – Complete for every week (twice per week for 24 weeks) by hand or on a computer, your choice.
2. Group Leader Report Form - Complete after last week of program and before July 15, 2016.
3. Participant Survey Forms - See instructions for how to administer the survey. Collect all surveys and mail a copy to MCOA, Attn: Shari Cox, at 116 Pleasant Street, Suite 306, Easthampton, MA 01027.
4. By July 15, 2016, mail all three items, along with final program invoice. To MCOA, Attention: Shari Cox, at 116 Pleasant Street, Suite 306, Easthampton, MA 01027.

# Attendance Tally Sheet for Falls Prevention Classes

## Winter/Spring 2016

**COA**

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	Dates of Classes over 24 weeks/ 2 per week		Number of Attendees	Special Notes if Attendance Change is Significant
1.	<b>Jan</b>			
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.	<b>Feb</b>			
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.	<b>March</b>			
18.				
19.				
20.				
21.				
22.				
23.				
24.				

25.	<b>April</b>			
26.				
27.				
28.				
29.				
30.				
31.				
32.				
33.	<b>May</b>			
34.				
35.				
36.				
37.				
38.				
39.				
40.				
41.	<b>June</b>			
42.				
43.				
44.				
45.				
46.				
47.				
48.				

**Date:** \_\_\_\_\_

**Site:** \_\_\_\_\_

## **Falls Prevention Exercise Group Leader Report Form**

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- A. Describe (insert here or in an attachment) the full range of exercises and games you used in your program, with enough details so other specialists could replicate your approach.
  
- B. In your words, summarize the impact the program has had upon the attendees, based upon their answers to questions in the baseline survey and final week survey as well as your observations.
  
- C. When you offer the next 24-week falls prevention class, what changes would you make to your approach?

## **Falls Prevention Exercise Group Participant Survey Form**

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Instructions for the Final Report for the Falls Prevention Program:

- A. Have all group participants complete the full 2-page questionnaire during the first session of the program (or as soon as possible after the start).
- B. Collect all the surveys; make sure everyone signed their surveys, because you will ask them to respond again to Section B at the end of the program in June.
- C. During the final week of the program, hand out Section B of the survey -- the Balance and Strength Questions -- and ask everyone to complete it again. Make sure everyone inserts the correct date into the far right column and answers all the questions on the final page, too.

**Date:** \_\_\_\_\_

**Site:** \_\_\_\_\_

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## Falls Prevention Exercise Group Participant Survey Form

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Name: \_\_\_\_\_

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### Section A – Personal Goals for You. Check all that apply:

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1. Improve strength for:

- Posture
- Legs
- Torso
- Upper Body

2. Stretch:

- Legs
- Back
- Shoulders
- Neck

3. Learn how to:

- Get out of a Chair
- Get out of Bed
- Get into and out of a car

4. Learn:

- The proper way to walk up and down stairs
- Walk on grass
- Walk on carpet

5. Learn:

- Safety rules if I fall
- What to do if a friend or relative falls

6. Improve my Balance:

- In my home
- In a restaurant
- Outdoors
- In stores
- In a bathroom

7. Feel:

- Stronger
- More Confident
- Independent

# Falls Prevention Exercise Group Participant Survey Form

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**Site:** \_\_\_\_\_

Your Name: \_\_\_\_\_

Section B: Balance and Strength Questions	Date:		Date:	
	Yes	No	Yes	No
1. Do you have difficulty getting up from a chair?				
2. Do you have trouble walking up or down an incline?				
3. Do you have difficulty getting into or out of a car?				
4. Do you feel the need to grab onto something while you walk?				
5. Do you have trouble stepping off a curb?				
6. Do you need a railing on stairs?				
7. Do you get dizzy picking something off the floor?				
8. Do you use a walker, cane or crutches?				
9. Do you have any difficulty getting out of bed?				
10. Do you feel unsteady walking in large open areas?				
11. Have you fallen in the last year?				
12. Have you fallen in the past 3 months?				
13. Do you fear falling?				
14. Do you feel strong and steady on your feet?				

**Answer at Beginning of Class: How do you describe your sense of balance?**

- Poor
- Often feel unsteady
- Rarely feel unsteady
- Quite good

**Answer in June, at the end of Class: How do you describe your sense of balance?**

- Poor
- Often feel unsteady
- Rarely feel unsteady
- Quite good

**At end of class in June, please share your feedback with us – what do you want to tell the instructor or site staff about how they may improve the course?**

**Thank you for sharing your honest opinions and answers with us!**