A MATTER OF BALANCE

Participant Registration Form

Today's Date: _____

Please Print Clearly

Name:	
Home Phone: ( ) Cell Phone: ( ) Work Phone: ( )	
Street Address:	
City: State: Zip Code:	
Email:	
Date of Birth:	
How did you hear about this class?	
( )	Physician
( )	Family Member or Friend
( )	Church
( )	Newspaper, flyer or mailing
( )	Neighbor
( )	Activities Director where I live
( )	Senior Center
( )	Other - please specify
Have you ever participated in a Matter of Balance class series?	
( )	Yes, if "yes" specify the year
( )	No
( )	Uncertain
Q1 What is your age?	
( )	Below 60
( )	60 or over
Q2 What is your Zip Code?	
Q3 Today, how many people live in your household (including yourself) ?	
Q4 What is your gender?	
( )	Male
( )	Female
Q5 Are you Hispanic, Latino or of Spanish origin?	

( )	Yes
( )	No
( )	Not sure
Q6	Please select one or more of the following that bests describes your race and ethnicity:
( )	American Indian or Alaska Native
( )	Asian or Asian American
( )	Black or African American
( )	Hawaiian Native or Pacific Islander
( )	White/Caucasian
( )	Other - specify
Q7	What is the highest level of education you have completed?
( )	Less than high school
( )	High school graduate or GED
( )	Some college or technical school
( )	College/university graduate
( )	Graduate school
Q8	Do you speak a language other than English at home?
( )	Yes, if yes what other language(s) do you speak?
( )	No
Q9	Do you have difficulty reading or understanding English?
( )	Yes
( )	No
Q10	What is your current marital status?
( )	Married
( )	Divorced
( )	Widowed
( )	Separated
( )	Never married
( )	Partnered (living with someone)
Q11	Do you have any health insurance?
( )	Yes
( )	No

Q12	If "Yes" to question 11, what is your health insurance? Please check all that apply.
( )	Medicare (Original Medicare)
( )	Medicare Supplement
( )	Medicare Advantage Plan
( )	Medicaid
( )	Private Insurance
( )	Veterans
( )	Unsure
Q13	What is your annual (yearly) income?
( )	Below $11,770
( )	Below $14,713
( )	Below $15,930
( )	Below $19,913
( )	Above $25,000
Q14	Are you a caregiver for a family member or friend?
( )	Yes
( )	No
Q15	How often do you socialize (spend time) with family and/or friends?
( )	More than five (5) times a week
( )	Two (2) or more times a week
( )	Less than once a week
Q16	Do you need assistance with two (2) or more Activities of Daily Living? (For example, bathing, dressing, walking, eating, getting out of bed or chair or using the bathroom)
( )	Yes
( )	No

Q17 Please check the box that tells us how sure you are that you can do the following activities:

		Very Sure	Sure	Somewhat Unsure	Not sure at all
1.	I can find a way to get up.	□	□	□	□
2.	I can find a way to reduce falls.	□	□	□	□
3.	I can protect myself if I fall.	□	□	□	□
4.	I can increase my physical strength.	□	□	□	□
5.	I can become more steady on my feet.	□	□	□	□

Q18 During the last 4 weeks, to what extent has your concern about falling interfered with your normal social activities with family, friends, neighbors, or groups?	
( )	Extremely
( )	Quite a bit
( )	Slightly
( )	Not at all
Q19 Check **ONLY ONE BOX** to tell us how much you are walking or exercising now.	
( )	I do not exercise or walk regularly now, and I do not intend to start.
( )	I do not exercise or walk regularly, but I have been thinking of starting.
( )	I am trying to start to exercise or walk.
( )	I have exercised or walked infrequently for over a month.
( )	I am doing moderate exercise less than 3 times per week.
( )	I have been doing moderate exercise 3 or more times per week.

THANK YOU !