TAI CHI: MOVING FOR BETTER 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 Tai Chi: Moving for Better Balance workshop?	
( )	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 - specify
( )	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	During the past year did you provide regular care or assistance to a friend or family member who has a long-term health problem or disability ?
( )	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 Does your physician know that you are enrolling in this Tai Chi course?	
( )	Yes
( )	No
Q18 Please indicate what health conditions you have:	
( )	Arthritis in knees
( )	Arthritis in hips or ankles
( )	Breathing problems (asthma, bronchitis, COPD, emphysema)
( )	Cancer
( )	Cataracts
( )	Circulation problems
( )	Diabetes
( )	Epilepsy/seizures
( )	Hearing problems
( )	Heart failure (congestive heart failure)
( )	Hip fracture
( )	Hypertension/high blood pressure
( )	Low blood pressure
( )	Osteoporosis
( )	Stroke
( )	Thyroid problems
( )	Other – please list all that apply
Q19 During the past year have you had any hip, knee, ankle, or foot surgeries?	
( )	Yes
( )	No
Q20 What, if any, assistive devices to you use?	
( )	None
( )	Cane
( )	Walker
( )	Wheelchair/Cart

( )	Other – please specify
Q21	Have you fallen in the past three months (landed on the ground or on furniture)?
( )	Yes
( )	No
( )	If yes, how many times?
( )	Were you treated for injuries?
Q22	Are you afraid of falling?
( )	Yes
( )	No
Q23	Do you restrict your activities because you are afraid of falling?
( )	Yes
( )	No

THANK YOU AND ENJOY YOUR CLASS !

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Physical Activity Readiness Questionnaire

As with any other exercise activity, safety is always our primary concern. Before starting this Tai Chi exercise program, we ask that you answer the following questions:

1. Has your primary care provider ever said you have heart trouble?
   ( ) Yes ( ) No

2. Do you frequently have pains in your heart or chest?
   ( ) Yes ( ) No

3. Do you often feel faint or have spells of severe dizziness?
   ( ) Yes ( ) No

4. Has your primary care provider ever said your blood pressure was too high?
   ( ) Yes ( ) No

5. Has your primary care provider ever told you that you have bone or joint problems such as arthritis that might be made worse with exercise?
   ( ) Yes ( ) No

6. Is there a good physical reason not mentioned here why you should not follow an activity program even if you wanted to?
   ( ) Yes ( ) No

PLEASE DO NOT WRITE BELOW THIS LINE

TO BE COMPLETED BY THE INSTRUCTORS

Functional Assessment Scores

	Pre-Program	Post-Program
30-Second Chair Stand	Number: Rating:	Number: Rating:
1 Month Fall Count		
Four Stage Balance Test		
Feet Together Stand	Seconds	Seconds
Semi-Tandem Stand	Seconds	Seconds
Tandem Stand	Seconds	Seconds
One Leg Stand	Seconds	Seconds
Armed Up and Go (TUG) Test	Seconds	Seconds