



Wisconsin Institute
for Healthy Aging
OMB Control No. 0985-0039
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Tai Chi Prime
Post Survey
12th Session Questionnaire



Workshop ID: _____ Today's Date: ____ / ____ / ____

First 2 letters of FIRST name: ____ First 2 letters of LAST name: ____ Birth year: ____

1. In general, would you say your health is:

___ Excellent ___ Very Good ___ Good ___ Fair ___ Poor

2. How often do you feel lonely or isolated from those around you?

___ Always ___ Often ___ Sometimes ___ Rarely ___ Never

The next questions ask about falls. By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level.

2. Since this program began, how many times have you fallen? _____ times (if zero, go to #3)

If you fell in the past 3 months:

A) How many of these falls caused an injury? _____

(By an injury we mean the fall caused you to limit your regular activities for at least a day or caused you to go see a doctor.)

B) Where did the fall (s) occur? Indoors Outdoors Both Indoors & Outdoors

C) What happened after you fell and had an injury? (Please check all that apply)

- Went to the Emergency Room
- Was admitted to the hospital
- Visited my Primary Care Physician
- Did not seek medical care

3. How fearful are you of falling? ___ Not at all ___ A little ___ Somewhat ___ A lot

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

How sure are you that:	Very sure	Sure	Somewhat	Not at all
A. I can find a way to get up if I fall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. I can find a way to reduce falls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. I can protect myself if I fall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. I can increase my physical strength	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. I can become more steady on my feet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. 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 ___Moderately ___Slightly ___Not at all

6. Please tell us your thoughts about the program. **Check one box** for each question:

AS A RESULT OF THIS PROGRAM:	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE
A. I feel more comfortable talking to my health care provider about my medications and other possible risks for falling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. I feel more comfortable talking to my family and friends about falling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. I feel more comfortable increasing my activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. I feel more satisfied with my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. I would recommend this program to a friend or relative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Since the program began, what have you done to reduce your chance of a fall? *Check all that apply*

- Talked to a family member or friend about how I can reduce my risk of falling
- Talked to a health care provider about how I can reduce my risk if falling
- Had my vision checked
- Had my medications reviewed by a health care provider or pharmacist
- Participated in another fall prevention program in my community

8. I have made safety modifications in my home, such as installing grab bars or securing loose rugs, to reduce my risk of falling True False

9. What best describes your activity level?

- Vigorously active for at least 30 minutes, 3 times per week
- Moderately active at least 3 times per week
- Seldom active, preferring sedentary activities

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