wiha
Wisconsin Institute
for Healthy Aging

tai chi
PRIME

ID#_____
(OFFICE USE ONLY)

Baseline Questionnaire

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

1. Are you limited in any way in any activities because of physical, mental, or emotional problems?
   ___ Yes ___ No

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

2. How fearful are you of falling? ___ Not at all ___ A little ___ Somewhat ___ A lot
3. In the past 3 months, how many times have you fallen? _____
4. 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. Did you tell anyone, such as a family member, friend, or healthcare provider about this fall, whether or not it resulted in an injury? ___ Yes ___ No

   c. Where did the fall(s) occur? ___ Indoors ___ Outdoors ___ Both Indoors & Outdoors

   d. What happened after you fell and had an injury? *(Check all that apply)*

      ___ Went to the emergency room ___ Was admitted to the hospital

      ___ Visited my Primary Care Physician ___ Did not seek medical care

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

How sure are you that:	Not at all sure	Somewhat sure	Neutral	Sure	Very Sure
A. I can find a way to get up if I fall					
B. I can find a way to reduce falls					
C. I can increase my flexibility					
D. I can increase my physical strength					
E. I can become more steady on my feet					

6. 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?

   ___ Not at all ___Slightly ___ Moderately ___ Quite a bit ___ Extremely

7. 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