

# Falls Prevention Program Information Cover Sheet

**Instructions to the Leaders/Coaches/Instructors:** Please use this as a cover sheet for the completed data collection forms to return to the Survey Coordinator at the end of the program.

1. Site Name: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_

2. If this is a new program delivery/ implementation site, please also complete 2a and 2b:

a. Street Address: \_\_\_\_\_ Zip code: \_\_\_\_\_

b. Type of site (select the type that best describes your site):

|   |  |
|---|--|
| <input type="checkbox"/> Municipal Government                       | <input type="checkbox"/> Recreational Organization |
| <input type="checkbox"/> Area Agency on Aging                       | <input type="checkbox"/> Residential Facility      |
| <input type="checkbox"/> County Health Department                   | <input type="checkbox"/> Senior Center             |
| <input type="checkbox"/> Educational Institution                    | <input type="checkbox"/> Other Community Center    |
| <input type="checkbox"/> Faith-based Organization                   | <input type="checkbox"/> Tribal Center             |
| <input type="checkbox"/> Health Care Organization                   | <input type="checkbox"/> Workplace                 |
| <input type="checkbox"/> Library                                    | <input type="checkbox"/> Other (please specify):   |
| <input type="checkbox"/> Multi-purpose social services organization |  |

3. Name of parent/host/sponsoring organization licensed to offer program: \_\_\_\_\_

4. Leader/Coach/Instructor Names (Please provide your first and last names and provide the daytime phone number or email of the best person to contact about any questions on the forms.)

Name: \_\_\_\_\_ Phone \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Phone : \_\_\_\_\_ Email: \_\_\_\_\_

5. Program Start Date (mm/dd/yyyy): \_\_\_\_\_ End Date (mm/dd/yyyy): \_\_\_\_\_

6. Did you offer a "Session 0" with this workshop? (Session 0 is an optional pre-workshop session provided by some agencies.)  Yes  No

7. What type of program is this? (Mark only one.)

|   |   |
|---|---|
| <input type="checkbox"/> A Matter of Balance                  | <input type="checkbox"/> YMCA Moving for Better Balance program |
| <input type="checkbox"/> Stepping On                          | <input type="checkbox"/> Tai Chi: Moving for Better Balance     |
| <input type="checkbox"/> Stay Active and Independent for Life | <input type="checkbox"/> Other—list name:                       |

8. Number of participants enrolled (who attended at least one class): \_\_\_\_\_  
 Number of completers (who attended at least 60% of the possible classes, excluding Session 0): \_\_\_\_\_

For CDPHE Program Use Only:

Program ID: \_\_ - \_\_ - \_\_\_\_\_ - \_\_\_\_\_