

## CWD Tai Chi Post-Program Survey

(untitled)

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Participant ID \*

First 2 letters of  
first name

First 2 letters of  
last name

Last 2 numbers of  
birth year

(untitled)

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

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

2. 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.

Since this program began, how many times have you fallen?

- ☐ none
- ☐ number of times

(untitled)

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3. How fearful are you of falling?

- ☐ Not at all    ☐ A little    ☐ Somewhat    ☐ A lot

Please mark the circle that tells us how sure you are that you can do the following activities.

4. How sure are you that:

	Very sure	Sure	Somewhat sure	Not at all sure
I can find a way to get up if I fall	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can find a way to reduce falls	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can protect myself if I fall	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can increase my physical strength	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can become more steady on my feet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

(untitled)

6. Please tell us your thoughts about this program. Select one answer for each question.

	Strongly agree	Agree	Disagree	Strongly disagree
As a result of this program, I feel more comfortable talking to my health care provider about my medications and other possible risks for falling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
As a result of this program, I feel more comfortable talking to my family and friends about falling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
As a result of this program, I feel more comfortable increasing my activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
As a result of this program, I feel more satisfied with my life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
As a result of this program, I would recommend this program to a friend or relative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. Since this 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 of 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

(untitled)



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 min, 3 times per week
- ☐ Moderately active at least 3 times per week
- ☐ Seldom active, preferring sedentary activities

### Workshop Satisfaction

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On a scale from 1-5, how satisfied were you with this workshop with 1 being “Very Dissatisfied” and 5 being “Very Satisfied”?

- | Very<br>Dissatisfied  | Dissatisfied          | Neutral               | Satisfied             | Very<br>Satisfied     | I don't<br>know       | Decline<br>to<br>answer |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-------------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>   |

Have you participated in an in-person workshop series (e.g., exercise, health and wellness, falls prevention) in the past?

- ☐ Yes
- ☐ No
- ☐ I don't know
- ☐ Decline to answer



In the future would you prefer to attend workshop series to be done over the phone, on the internet, or in-person?

- ☐ Phone
- ☐ Internet
- ☐ In-person
- ☐ I don't know
- ☐ Decline to answer

Would you recommend this workshop to a family/friend?

- ☐ Yes
- ☐ No
- ☐ I don't know
- ☐ Decline to answer

On a scale from 1-5, how satisfied were you with the workshop leader with 1 being "Very Dissatisfied" and 5 being "Very Satisfied"?

- |                       |                       |                       |                       |                       |                       |                         |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-------------------------|
| Very<br>Dissatisfied  | Dissatisfied          | Neutral               | Satisfied             | Very<br>Satisfied     | I don't<br>know       | Decline<br>to<br>answer |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>   |

