Stepping On Workshop Participant Evaluation

Workshop Site: _____ Today's Date: _____

Please help us to make improvements to the design of the *Stepping On* program by completing this evaluation and returning it to one of the Leaders. Thank you.

1. What is your age? _____

2. What is your gender?
   __Male
   __Female

3. What is your race?
   __American Indian or Alaska Native
   __Asian or Asian-American
   __Black or African-American
   __Hawaiian Native or Pacific Islander
   __Hispanic
   __White or Caucasian
   __Other:_____

4. What is your current marital status? (Check only one.)
   __Married
   __Divorced
   __Widowed
   __Separated
   __Never married
   __Partnered (living with someone)

5. Have you fallen within the last year?
   __No
   __Yes
   If yes, what was the cause of the fall? _____

6. How many people live in your household (including yourself)? ____

7. What is your location of residence?
   __Rural/countryside
   __Small town
   __City/suburb of a city

Place an X in the box to indicate your response.

	Nothing ←------		Some	-----→ Alot
8. Overall, how much did you learn from these sessions?	☐	☐	☐	☐ ☐

Please rate your level of knowledge on each of the following:

	Low <--------		Moderate	---- → High
9. My understanding of how vision can influence the ability to get around safely.				
Before Participation	☐	☐	☐	☐ ☐
Now, After Participation	☐	☐	☐	☐ ☐
10. My understanding of the importance of balance and strength exercises for preventing falls.				
Before Participation	☐	☐	☐	☐ ☐
Now, After Participation	☐	☐	☐	☐ ☐
11. My knowledge of recognizing hazards in home environments.				
Before Participation	☐	☐	☐	☐ ☐
Now, After Participation	☐	☐	☐	☐ ☐
12. My understanding of the relation between safe footwear and fall prevention.				
Before Participation	☐	☐	☐	☐ ☐
Now, After Participation	☐	☐	☐	☐ ☐
13. My confidence in applying safe strategies in mobility situations.				
Before Participation	☐	☐	☐	☐ ☐
Now, After Participation	☐	☐	☐	☐ ☐
14. My understanding of the relation between medications and falls.				
Before Participation	☐	☐	☐	☐ ☐
Now, After Participation	☐	☐	☐	☐ ☐
15. My knowledge of the importance of good bone health and fall prevention.				
Before Participation	☐	☐	☐	☐ ☐
Now, After Participation	☐	☐	☐	☐ ☐

16. Which of your behaviors are you most likely to change?

17. List the three most important things you learned in this workshop.

a.

b.

c.

18. Which topic was least interesting?

19. Other comments concerning the workshop