



Vertical Pre-Program Survey

Please take a moment to fill out the pre-program survey for *Vertical*. We would greatly appreciate your honest opinion of what best describes you for the questions below.

QUESTION	RESPONSE (PLEASE CIRCLE BEST OPTION)				
Do you feel that a course on fall prevention is worth-while and is of value to you?	Strongly Disagree 1	Disagree 2	Neither Agree nor Disagree 3	Agree 4	Strongly Agree 5
I am aware of different things I can do to decrease my chances of falling.	Strongly Disagree 1	Disagree 2	Neither Agree nor Disagree 3	Agree 4	Strongly Agree 5
I am confident in my ability to decrease my chances of falling.	Strongly Disagree 1	Disagree 2	Neither agree nor disagree 3	Agree 4	Strongly Agree 5
Compared to other people your age, how would you rate your risk of falling?	Much Greater 1	Greater 2	Neither Less nor Greater 3	Less 4	Much Less 5
How much does fear of falling limit your participation in social activities?	Very Often 1	Often 2	Somewhat Often 3	Rarely 4	Not At All 5
Do you feel that you could effectively target hazards in the home that might increase the risk of falling?	Strongly Disagree 1	Disagree 2	Neither Agree nor Disagree 3	Agree 4	Strongly Agree 5
Please rate how strong your legs currently are.	Very Weak 1	Weak 2	Somewhat Weak 3	Strong 4	Very Strong 5
Please rate your current difficulty with balance.	Very Unsteady 1	Unsteady 2	Somewhat Unsteady 3	Balanced 4	Very Balanced 5
What is your current overall risk of falling?	Very Likely 1	Likely 2	Somewhat Likely 3	Unlikely 4	Very Unlikely 5