

## Vertical 360 Pre-Program Survey

*Please take a moment to fill out the pre-program survey for Vertical 360. Please choose the answer that best describes you. We appreciate your honest opinion.*



|   | <b>Strongly<br/>Disagree</b> | <b>Disagree</b> | <b>Neutral</b>            | <b>Agree</b>  | <b>Strongly<br/>Agree</b> |
|---|------------------------------|-----------------|---------------------------|---------------|---------------------------|
| 1. A fall prevention course is beneficial and would be of value.          | 0                            | 0               | 0                         | 0             | 0                         |
| 2. I know what steps I can take to decrease my chances of falling.        | 0                            | 0               | 0                         | 0             | 0                         |
| 3. I am confident in my ability to decrease my chances of falling.        | 0                            | 0               | 0                         | 0             | 0                         |
| 4. I feel I can effectively identify fall risks in my home.               | 0                            | 0               | 0                         | 0             | 0                         |
|   | <b>Much<br/>Greater</b>      | <b>Greater</b>  | <b>Same</b>               | <b>Less</b>   | <b>Much<br/>Less</b>      |
| 5. Compared to other people my age, I would rate my risk of falling as... | 0                            | 0               | 0                         | 0             | 0                         |
|   | <b>Very<br/>Often</b>        | <b>Often</b>    | <b>Somewhat<br/>Often</b> | <b>Rarely</b> | <b>Not At<br/>All</b>     |
| 6. The fear of falling limits my participation in social activities.      | 0                            | 0               | 0                         | 0             | 0                         |

|                                       |                  |             |                        |               |                    |
|---------------------------------------|------------------|-------------|------------------------|---------------|--------------------|
|                                       | <b>Very Weak</b> | <b>Weak</b> | <b>Somewhat Strong</b> | <b>Strong</b> | <b>Very Strong</b> |
| 7. I would rate my leg strength as... | 0                | 0           | 0                      | 0             | 0                  |

|  |                      |                 |                          |                 |                          |
|--|----------------------|-----------------|--------------------------|-----------------|--------------------------|
|  | <b>Very Unsteady</b> | <b>Unsteady</b> | <b>Somewhat Unsteady</b> | <b>Balanced</b> | <b>No Balance Issues</b> |
| 8. I would rate my difficulty with balance as... | 0                    | 0               | 0                        | 0               | 0                        |

|                                     |                    |               |                        |                 |                    |
|-------------------------------------|--------------------|---------------|------------------------|-----------------|--------------------|
|                                     | <b>Very Likely</b> | <b>Likely</b> | <b>Somewhat Likely</b> | <b>Unlikely</b> | <b>Very Likely</b> |
| 9. My overall risk of falling is... | 0                  | 0             | 0                      | 0               | 0                  |