



Participant Entry Form

Please fill out this form so we can learn more about you.
The information on this form will remain confidential.

SF1. Today's Date: / /

SF2. ID: Participant's first two letters first name, MI, First two letters of last name, and last two numbers of your birth year:

S3. Tai Chi class location: _____

S4. Date of birth: (Month/Day/Year) / /

F2. How old are you today? _____ Years

F3. Do you live alone? Yes No

S5F4. What is your gender? Male Female

F5. Are you of Hispanic, Latino, or Spanish origin? Yes No

F6. What is your race? Check all that apply.

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White

F7. What is the highest grade or level of school that you have completed?

- Less than high school
- Some high school
- High school graduate or GED
- Some college or vocational school
- College graduate or higher

S12. How did you hear about this class? _____

F1. Did your doctor, nurse, physical therapist or other health care provider suggest that you take this program?

- Yes No

S6F10. In general, would you say that your health is:

- Excellent Very good Good Fair Poor

S7. Do you need help with one or more activities of daily living? (For example, bathing or dressing)

- Yes No

F8. Has a health care provider ever told you that you have any of the following chronic conditions (i.e., one that has lasted for three months or more)? (Please check all that apply.)

- | | |
|----------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Arthritis or other bone/joint disease | <input type="checkbox"/> Heart disease or blood circulation problem |
| <input type="checkbox"/> Breathing/lung disease | <input type="checkbox"/> Glaucoma/ other chronic eye problem |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Other chronic condition: _____ |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> None (No chronic conditions) |

F9. Are you limited in any way in any activities because of physical, mental, or emotional problems?

- Yes No

S8. How satisfied are you with your current physical activity levels?

- Very Mostly Somewhat Not at all

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.

S9. I feel confident that I can keep myself from falling.

- Strongly Agree Agree Disagree Strongly Disagree

F12. How fearful are you of falling?

- Not at all A little Somewhat A lot

S10. How often do you restrict your activities because of difficulties in walking?

- Never Seldom Sometimes Often

SF11. In the past 3 months, how many times have you fallen? none _____# times

If you fell in the past 3 months, how many of these falls caused an injury?

(By an injury we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor.) _____# of falls causing an injury

F13. Please check the box that tells us how sure you are that you can do the following activities.

| How sure are you that: | Very Sure | Sure | Somewhat sure | Not at all sure |
|-----------------------------------------|-----------|------|---------------|-----------------|
| a. I can find a way to get up if I fall | | | | |
| b. I can find a way to reduce falls | | | | |
| c. I can protect myself if I fall | | | | |
| d. I can increase my physical strength | | | | |
| e. I can become more steady on my feet | | | | |

F14. 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

This section to be completed by the Evaluator

Evaluator: See full copy of instructions for each measurement. Record the participant's scores on this page.

Evaluator's Name: _____ Date: _____

TIMED UP & GO (TUG) - 12 seconds or greater is considered a fall risk

| Trial | Seconds |
|--------------|-------------------------------------------------------------|
| 1 (Practice) | |
| 2 | |
| 3 | |
| | Average of trials two and three = _____ seconds (TUG score) |

Walking Aid used? Yes No Type of aid: _____

30 SECOND CHAIR STAND TEST – see STEADI age range average table for fall risk

Number of stands completed in 30 seconds: _____

4 STAGE BALANCE TEST - Inability to hold tandem stance 10 seconds is considered a fall risk



1. Standing with feet side by

Times in _____ (seconds)



2. Instep of one foot so it is touching the big toe of the other (semi-tandem)

Times in _____ (seconds)



3. One foot placed in front of the other, heel Touching the toe (tandem)

Times in _____ (seconds)



4. Standing on one foot

Times in _____ (seconds)