Thank you for participating in *A Matter of Balance*. To help us further meet the needs of others throughout the community, please take a few minutes to complete this evaluation form. We appreciate your feedback.

**Please tell us your thoughts about the *A Matter of Balance* class.** Mark the answers that apply on the front and back of this page.

1. The leaders were well prepared.
   - O Strongly agree  O Agree  O Disagree  O Strongly disagree

2. The classes were well organized.
   - O Strongly agree  O Agree  O Disagree  O Strongly disagree

3. The participant workbook helped me better understand the classes.
   - O Strongly agree  O Agree  O Disagree  O Strongly disagree

4. As a result of this class, I feel more comfortable talking with others about my fear of falling.
   - O Strongly agree  O Agree  O Disagree  O Strongly disagree

5. As a result of this class, I have made changes to my environment.
   - O Strongly agree  O Agree  O Disagree  O Strongly disagree

6. As a result of this class, I feel more comfortable increasing my activity.
   - O Strongly agree  O Agree  O Disagree  O Strongly disagree

*Please turn this paper over and fill out the other side.*
A Matter of Balance Class Evaluation (continued)

7. As a result of this class, I plan to continue exercising.
   □ Strongly agree  □ Agree  □ Disagree  □ Strongly disagree

8. I would recommend this class to a friend or relative.
   □ Strongly agree  □ Agree  □ Disagree  □ Strongly disagree

9. Are you:  □ Male  □ Female  

10. How old are you?
    □ Less than 60 years  □ 75-79 years
    □ 60-64 years  □ 80-84 years
    □ 65-69 years  □ 85-89 years
    □ 70-74 years  □ 90 years or older

What other changes have you made as a result of this class?

Other comments or suggestions?