Please mark the circle that tells us how sure you are that you can do the following activities.

How sure are you that:

1. I can find a way to get up if I fall
2. I can find a way to reduce falls
3. I can protect myself if I fall
4. I can increase my physical strength
5. I can become more steady on my feet

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

Mark **ONLY ONE CIRCLE** to tell us how much you are walking or exercising now.

- I do not exercise or walk regularly now, and I do not intend to start.
- I do not exercise or walk regularly, but I have been thinking of starting.
- I am trying to start to exercise or walk.
- I have exercised or walked infrequently for over a month.
- I am doing moderate exercise less than 3 times per week.
- I have been doing moderate exercise 3 or more times per week.