



A Matter of Balance: Evaluation Guide

Note: Conducting A Matter of Balance training should never happen unless at least two facilitators have been trained to conduct A Matter of Balance classes.

There are two evaluation phases to the A Matter of Balance Program, process evaluation and outcome evaluation. All documents are to be sent to a SIPP analyst within 5 working days after the training (a training=8 classes). SIPP analysts will follow-up if evaluation documents are not received.

Process Evaluation:

For process evaluation there are two forms

- 1) *A Matter of Balance Process Document* for each training you conduct. (a training=8 classes)
- 2) *National A Matter of Balance Class information* form for each training you conduct.

The process document will include:

- 1) training information - date, location, TRAC, etc.
- 2) program baseline data
- 3) program data measures
- 4) barriers and facilitators to training implementation

Outcome Evaluation:

There are three documents for collecting A Matter of Balance outcome data. Please have all participants who attend the training complete the outcome documents.

- 1) *A Matter of Balance First session survey*,
- 2) *A Matter of Balance Last session survey*,
- 3) *A Matter of Balance class evaluation*

All documents mentioned can be found:

- 1) As attachments to this document
- 2) On the SIPP website at <http://www.healthy.arkansas.gov/programsServices/injuryPreventionControl/injuryPrevention/SIPP/Pages/default.aspx>
- 3) By contacting a SIPP analyst Toll-free 866-611-3445 or 501-364-3400

RETURNING EVALUATION DOCUMENTS: You may mail, email or fax your evaluation documents

Mail	EMAIL	FAX
Home Safety SIPP Analyst 1 Children's Way, Slot 512-26 Little Rock, AR 72202	injuryprevention@archildrens.org	501-364-3112

Return the following documents:

- 1) *A Matter of Balance Process Document* -1 per training
- 2) *A Matter of Balance Outcome documents* -1 First session survey, 1 Last session survey and 1 class evaluation for each class participant



Form to be completed by: Project Coordinator

A Matter of Balance: Process Document

TRAC: _____

Project Coordinator: _____

Training Location: _____

Training County: _____

Mechanism: Older Adult Falls

Baseline Data 2010

METRICS	State	Ark Valley	Central	North Central	North East	North West	South East	South West
Unintentional Falls related mortality	227	22	47	29	38	39	16	36
Unintentional Falls related hospitalization	7874	1046	1807	1189	1054	1147	538	1093
Unintentional Falls related mortality Ages 44-64	UR	UR	UR	UR	UR	UR	UR	UR
Unintentional Falls hospitalization Ages 44-64	1363	193	363	202	148	198	90	169
Unintentional Falls related mortality Ages 65+	192	16	41	23	33	32	13	34
Unintentional Falls hospitalization Ages 65+	5772	755	1239	897	830	818	395	838

UR=counts under 10 are unreportable

Outcome Measures

Measure		Overall Program Goal (# served, as per budget request)	Individual Training Goal (if multiple trainings, # to be served at this training)	Class Result (# actually served at class)
1	Total number of class #1 participants			
2	Total number of class #2 participants			
3	Total number of class #3 participants			
4	Total number of class #4 participants			
5	Total number of class #5 participants			
6	Total number of class #6 participants			
7	Total number of class #7 participants			
8	Total number of class #8 participants			

Form to be completed by: Project Coordinator



A Matter of Balance: Process Document

Did you achieve your individual training goals for your outcome measures? Yes No
If no, why not? _____

Did you encounter any barriers planning for this training? Yes No
If YES, what? _____

Did you encounter any barriers on the day of the classes? Yes No
If YES, what? _____

What went well during this training? _____

Do you have any lessons learned that you'd like to share? Yes No
If YES, what? _____

RETURN VIA:

Mail	EMAIL	FAX
Home Safety SIPP Analyst 1 Children's Way, Slot 512-26 Little Rock, AR 72202	injuryprevention@archildrens.org	501-364-3112



Form to be completed by: Trainer



Master Trainer Organization Name: _____

Master Trainers: _____

A Matter of Balance Class Information

Please complete this cover page for each *Matter of Balance* class provided by your organization.

Class Site: _____

(name and address of facility where class is held)

Start Date: _____

End Date: _____

Coaches: _____

Number of participants enrolled: _____

Number of participants who completed 5 or more sessions:..... _____

Please collect the following forms for data entry:

- ✓ Completed Class Information Cover Page
- ✓ Attendance Sheet
- ✓ First and Last Session Surveys of participants who do not object to their data being entered in the database
- ✓ Any completed Class Evaluations

Thank you



Form to be completed by: Trainer



A MATTER OF BALANCE Attendance

MANAGING CONCERNS ABOUT FALLS

Start Date: / /

End Date: / /

Participant Name:	Session								Total
	1	2	3	4	5	6	7	8	
	<input type="checkbox"/>	<input type="text"/>							
	<input type="checkbox"/>	<input type="text"/>							
	<input type="checkbox"/>	<input type="text"/>							
	<input type="checkbox"/>	<input type="text"/>							
	<input type="checkbox"/>	<input type="text"/>							
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	<input type="checkbox"/>	<input type="text"/>							
	<input type="checkbox"/>	<input type="text"/>							



Form to be completed by: Class participant



A MATTER OF BALANCE

WAGING UP CONCERNS ABOUT FALLS

First Session Survey

Today's Date: / /

Your Name:

The following questions will provide us with background information.

1. What is your date of birth? / /

2. What is your zip code?

3. Today, how many people live in your household (including yourself)?

4. Are you: Female Male ?

5. Are you of Hispanic, Latino, or Spanish origin?

- Yes
- No
- Unknown

6. What is your race? (Mark all that apply.)

- American Indian or Alaska Native
- Asian or Asian-American
- Black or African-American
- Hawaiian Native or Pacific Islander
- White or Caucasian
- Other _____

Please turn this paper over and fill out the other side.



Form to be completed by: Class participant

First Session Survey (continued)

Please mark the circle 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
1. I can find a way to get up if I fall	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I can find a way to reduce falls	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I can protect myself if I fall	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I can increase my physical strength	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I can become more steady on my feet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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.



Form to be completed by: Class participant



A MATTER OF BALANCE

WAVAC NO CONCERNS ABOUT FALLS

Last Session Survey

Today's Date: / /

Your Name:

Please mark the circle 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
1. I can find a way to get up if I fall	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I can find a way to reduce falls	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I can protect myself if I fall	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I can increase my physical strength	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Form to be completed by: Class participant



A MATTER OF BALANCE

MANAGING CONCERNS ABOUT FALLS

Class Evaluation

Today's Date: / /

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.
 - Strongly agree
 - Agree
 - Disagree
 - Strongly disagree
2. The classes were well organized.
 - Strongly agree
 - Agree
 - Disagree
 - Strongly disagree
3. The participant workbook helped me better understand the classes.
 - Strongly agree
 - Agree
 - Disagree
 - Strongly disagree
4. As a result of this class, I feel more comfortable talking with others about my fear of falling.
 - Strongly agree
 - Agree
 - Disagree
 - Strongly disagree
5. As a result of this class, I have made changes to my environment.
 - Strongly agree
 - Agree
 - Disagree
 - Strongly disagree
6. As a result of this class, I feel more comfortable increasing my activity.
 - Strongly agree
 - Agree
 - Disagree
 - Strongly disagree

*Please turn this paper over
and fill out the other side.*



Form to be completed by: Class participant

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?