**National Falls Prevention Database**

**Optional Questions for Participant Pre- and Post- Surveys**

**2018**

*Optional survey questions capture data elements that Administration for Community Living/Administration on Aging Falls Prevention Grantees may wish to collect over and above the grant-required data elements. These fields are not included on the OMB-approved data collection forms, but you may add them to the Participant Information Form (pre-survey) and Participant Post Program Survey.*

1. 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**.)
	1. Early stage dementia
	2. Parkinson’s disease
2. Are you here as a caregiver to a person with Dementia?
	1. O Yes     O No
3. What is your zip code?

1. Please indicate which type of insurance you have.
	1. Medicaid
	2. Medicare
	3. TriCare
	4. Veterans Health
	5. No Insurance
	6. Private Insurance Not Listed Above
	7. Other Private Insurance: \_\_\_\_\_\_\_\_\_\_\_\_\_
2. Were you referred here today from a Facebook ad?
	1. O Yes     O No
3. Have you taken this falls prevention program before?
	1. O Yes     O No
4. Have you taken a falls prevention program before?
	1. O Yes     O No
	2. If yes, please indicate the program name: \_\_\_\_\_\_\_\_\_\_