

**Strong and Steady Questionnaire**

**The class will help with muscle strengthening and balance and can help prevent falls, helping you stay independent**

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| **Participant details** | | | |
| Title (Mr, Mrs, Miss, Ms or other):  Your name:  Date of Birth:    Sex: Male / Female / Other …………………….. | Address:  Telephone number:    Email address: | | |
| **Emergency Contact details – *please tell your contact that you have given us this information*** | | | |
| Name:  Relationship to you: | Telephone number:  Mobile number: | | |
| **Questions we need to ask** | | | |
| 1. Have you had any falls in the last 12 months?   If yes, approximately how many and can you give reasons why you fell: ………………………………………………………………………………………  If you don’t know why you fell has there been an investigation to find out the cause?   1. Do you have any balance problems, dizzy spells or faints? 2. Do you have to use your arms to help you when you go to stand up from a knee height chair? 3. Do you have Parkinson’s disease? 4. Have you had a Stroke? 5. Do you take 4 or more different types of medication? | | Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No | |
| **If the answer to 3 or more of the above questions is ‘yes’ we may need to call you to discuss your answers.** | | | |
| **Mobility** | | | |
| 1. Do you use a walking stick or walking frame? 2. Are you able to stand without support for more than 30 seconds 3. Do you regularly walk for 10 minutes or more? | | Yes No  Yes No  Yes No | |
| **Other Relevant Health Information** | |  | |
| 1. Do you have any health conditions, had a recent operation, joint replacement or fractures?   Please give details:……………………………………………………………………………………  ………………………………………………………………………………………………………….. | | | |
| 11.To help you get the most from the class, please say if you have:   1. A visual impairment 2. A hearing impairment 3. Difficulty understanding instructions | | | Yes No  Yes No  Yes No |
| **Please Sign and Date here and then turn to page 2:**  Signature: Date: | | | |
| **Who referred you onto this class?**  **GP/ Nurse Physio/ Occupational Therapist Balance and Safety Class**  **Village Agent Health Coach/ Connector Self Referral**  **please give details:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **How did you find out about the classes?**  **Online Promotion Publication (please give details below) A current participant**  **Family member/carer/neighbour Village Agent Health Coach**  **Other (details)** ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **What is your Ethnicity?**  **White**  **Mixed Asian Black, African, Caribbean**   **Other** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |

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| The section below should be completed by a health professional: this could be your doctor, a nurse, occupational therapist, physiotherapist, or health advisor, **BUT IF YOU HAVE ANY PROBLEMS PLEASE DO SEND THROUGH THIS FORM ANYWAY.** |
| Name: Address with post code:  Occupation:  Telephone number: Email: |
| **Health Professional Signature: Date:**  **I confirm the candidate is suitable to attend an Age UK Somerset Falls Prevention class**    **I confirm that I have read the Inclusion Criteria** |

**Participants should read the following information:**

**Once you and your health professional have signed the form, please return all pages:**

Age UK Somerset, Ash House, Cook Way, Bindon Road, Taunton TA2 6BJ

An instructor will contact you to book the time and place of your class

Classes are delivered by qualified instructors as part of the Otago programme, which is evidenced to assist with improving strength, balance, confidence and to reduce falls

Please note: You must make the instructor aware if answers to any questions on the form change

Please telephone 01823 345614 or email [fallsprevention@ageuksomerset.org.uk](mailto:fallsprevention@ageuksomerset.org.uk) with any questions

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| **How Age UK Somerset uses your information**  In providing this service to you, we may use your personal data and sensitive health data to attend to our legal obligations, your vital interests and our mutual legitimate interests. We are then able to safely and efficiently deliver our Falls Prevention programme. We will process your data in a way that you would expect us to, which will include assessing your physical suitability for the programme, contacting you about any change in class scheduling, other relevant exercise and activity classes that you may be interested in, the quality of our service and to inform our class leaders (and the emergency services if necessary) about your emergency contact details and pertinent health information.  **Information Sharing**  We may be required to share your personal and sensitive data with a falls specialist from Somerset Partnership NHS Foundation Trust (SOMPAR). We would only need to do this in order to assess your acceptance onto our Falls Prevention programme.  For more details of how your data is used and stored, please refer to our Privacy Policy on <https://www.ageuk.org.uk/somerset/privacy-policy/> or ask us for a paper copy.  To ask us any questions about this, please telephone us on 01823 345610.  Ref: Otago 09/18 PN |

**Notes** (For office use only):