College of Health and Human Sciences
Extension Family and Community Health
Nutrition Education Program
Oregon State University, 161 Milam Hall, Corvallis, Oregon 97331-5106
T 541-737-0997 | **F** 541-737-0999 | http://extension.oregonstate.edu/nep

Informed Consent Statement

To: *Better Balance, Better Bones, Better Bodies* Lesson Participants

This lesson is being taught to Family and Community Education study groups in several counties. The OSU Extension Service asks you to take 5 to 10 minutes to fill out this evaluation so that they can assess the impact that the lesson may have on you.

The completed forms will be forwarded to OSU by the county Extension office. Your response, together with others, will be combined and used for statistical summaries only.

The summary of findings will be included in the 2010 Extension Family and Community Development program's annual report that will be shared with OSU Extension Administrators. The information may also be included in reports of Extension accomplishments and disseminated through peer-reviewed publications. You are welcome to see the result if you like.

Your participation in this evaluation study is VOLUNTARY. You may choose not to participate. You are free to answer only those questions that you feel comfortable answering.

The information that we acquire from you will be kept confidential to the extent permitted by law. No one will know whose responses are whose. Only the county name will be on the form. Please be sure NOT to put your name or any identifying marks on the evaluation form.

There are no foreseeable risks associated with your participation in this study. Your feedback will help the OSU Extension Service to provide lessons that meet your needs.

If you have questions about the survey, contact Kathy Gunter at 541-737-1405 or email Kathy at the following address: Kathy.gunter@oregonstate.edu.

If you have questions about your rights as a human research participant, please contact the OSU Institutional Review Board (IRB) Human Protections Administrator at 541-737-8008 or IRB@oregonstate.edu.

Sincerely,

Katherine Gunter

Kathy Gunter
Assistant Professor and Specialist
Extension Family and Community Health Program

Better Balance, Better Bones, Better Bodies

Lesson Evaluation

We would like to know more about how your participation in this lesson has affected you. Please take a few minutes to answer these questions.

County_____ **Date**_____

I. Please rate your level of agreement with the following statements (Circle one for each).

As a result of participating in the Better Balance, Better Bones, Better Bodies lesson:

	Strongly Disagree	Disagree	Agree	Strongly Agree
1. I understand the importance of a physically active lifestyle to optimal health	1	2	3	4
2. I learned the 4 main types of exercise that an [older] adult needs to gain health benefits	1	2	3	4
3. I understand the importance of improving balance to protect my skeleton from fracture	1	2	3	4
4. I understand that the greatest risk factor for fracture is a fall	1	2	3	4
5. I understand the best way to protect my bones is to *avoid a fall*	1	2	3	4
6. I learned four things to do or changes a person can make to lower one's risk of falling	1	2	3	4
7. I learned strategies to include physical activity into my daily life in order to reduce my risk of falls	1	2	3	4
8. I practiced basic balance exercises and basic strength exercises	1	2	3	4
9. I charted a plan of action for reducing risk of falls and falls related fractures	1	2	3	4
10. I have received scientific information about physical activity, falls and fracture risk that I can use to optimize my health	1	2	3	4

II. As a result of attending this lesson, you may change some of your ideas or behaviors. Please tell us about the skills you have learned and how you will apply these new skills.

1. Which of the following did you do regularly before you attended this lesson?

BEFORE THE LESSON (check one box for each item)	**Did Regularly**	**Did Sometimes**	**Did Not Do**
Performed home safety checks to reduce my risk of falls			
Talked with my health care provider about exercise to prevent falls			
Performed balance activities			
Performed strength activities			

2. Which of the following will you do regularly as a result of attending this lesson?

AFTER THE LESSON (check one box for each item)	**Intend to do Regularly**	**Intend to do Sometimes**	**Have no Intention of Doing**
Perform home safety checks to reduce my risk of falls			
Talk with my health care provider about exercise to prevent falls			
Perform balance activities			
Perform strength activities			

3. The most valuable *skill* that I learned today is…(explain your new skill)

Note: *A skill is something that you can do, like writing, in contrast to something you know, like the alphabet.*

4. I will use my new skill to…(explain how your new skill will 'show up' in your daily life)