Preventing Falls Together

~a program of Community Links
Seniors • Communities • Action

Please help us determine if this project has been successful by answering the following questions and returning the completed form to a coalition member or by mailing it to Community Links, P.O. Box 29103, Halifax, NS, B3L 4T8 or by faxing it to (902) 422-9322.

Name of your place of worship: _____
Contact Person: _____
Mailing Address: _____
Postal Code: _____
Telephone: _____
Email: _____

1. Did you participate in this project last year (Nov., 2005)? __ yes __no

2. Did you use the bulletin inserts provided this year, for Falls Awareness Day 2006?
   ___ yes If yes, approximately how many were used? _____
   ___ no If no, please explain so we can improve in the future.

3. Did you use the *Fall Proof Your Place of Worship checklist*?
   ___ no
   ___ yes If yes: a. Did you find it useful? ____ yes ___ no
   b. Did you make any changes in or around your building to reduce the risk of falls? ____ yes ___ no
   c. Please tell us about any changes you made.

4. Would you be willing to participate in this project next year?
   ___ yes ___ no If no, please let us know the reasons why not.

5. Please share any suggestions and comments.

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The Nova Scotia Department of Health Promotion and Protection

Thank You!