**Fall Prevention Month Evaluation for Event Participants**

Thank you for participating in today’s Fall Prevention Month event! Please fill out this brief evaluation to help us make future fall prevention events even better.

What are 2- 3 things that you learned today?

How will you apply today’s information to prevent a fall for yourself or someone you know? (Check all that apply)

* I will tell others about the importance of preventing falls
* I will make personal changes to improve my well-being and reduce the risk of falling
* I will make changes to my home to make it safer
* I will get involved with my community to help prevent falls
* I will increase my daily physical activity to help improve my strength and balance
* Today’s information is not applicable
* Other, specify:

How likely are you to recommend this event/activity to someone else?

* Not likely
* Somewhat likely
* Likely
* Very likely

What could have improved your experience today?