

1. [Last name], [First name]



1. How has the training program affected your balance?

- My balance is a lot better
- My balance is somewhat better
- My balance is unchanged
- My balance has worsened

2. To what extent do you think the level of difficulty of the exercises increased successively during the training period?

- To a very small extent
- To a small extent
- Partly
- To a large extent
- To a very large extent

3. Mark the circle which most represents your opinion of how the following exercises challenged your balance during group training.

	To a very small degree	To a small degree	Partly	To a large degree	To a very large degree	Don't know
Stretching/rotation exercises i standing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throwing/kicking a ball in standing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standing exercises on soft/unstable surfaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking exercises on soft/unstable surfaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking exercises involving carrying a ball, tray or other item	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking over or around obstacles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking exercises involving simultaneous counting or word tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Your own example of an exercise which you thought was especially challenging:







8. Was there anything which you thought was missing from the group-based balance training program?

Yes

No

If yes, describe what you thought was missing:

9. Have you completed the home exercise program during the entire 10-week period?

Yes

No

If yes, describe how many times a week you have performed the home exercise program

10. The following statement concern the home exercise program, mark the circle which most represents your experiences

	Strongly disagree	Disagree	Agree	Strongly agree	Don't know
The exercises were in line with my capacity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt that the home exercises became gradually easier to perform	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The home exercise program felt meaningful to carry out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am motivated to continue carrying out the home exercises on my own when the training period is finished	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





11. Do you think that your balance was challenged during the group training sessions?

- To a very small extent
- To a small extent
- Partly
- To a large extent
- To a very large extent

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12. Was there a particular exercise in the home exercise program which was especially difficult to do?

- Yes
- No

If yes, describe which exercise:

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13. Did you slip, trip or loose you balance so that you fell during the home exercise program?

- Yes
- No

If yes, describe how many times this happened and if you injured yourself in any way:

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14. Was there anything you thought was missing from the home exercise program?

- Yes
- No

if yes, describe what you think was missing