



# Share Your Story: Participant Testimonial

## ***A Matter of Balance***

We would like to share your story about *A Matter of Balance* workshop to help others living with the fear of falling. (All questions are optional.) We will not share your personal contact information or your last name with the public.

Name \_\_\_\_\_

Do we have permission to use your first name?       Yes       No

E-mail \_\_\_\_\_

Phone \_\_\_\_\_

Signature \_\_\_\_\_

Why did you decide to take *A Matter of Balance* workshop?

Now that you have completed *A Matter of Balance* workshop, how has it helped you?

What did you hope to gain from taking this workshop?

What differences do you see in your life now? (For example, in your physical health, emotional health, mental health? Social life changes?)

If you could describe *A Matter of Balance* in one sentence, or a few words, what would you say?