

## Falls Prevention Program Group Leader/ Coach Script

Read/ paraphrase the following points to participants prior to their completion of the Participant Information Form.

- This workshop is made possible by [support from Minnesota River Area Agency on Aging and \_\_\_\_\_ funding agencies/ sponsors].
- We're requesting you complete an optional two-page information form today and then at the last class we will again ask you to complete a brief post-survey.
- Before we share your information with Minnesota River Area Agency on Aging we want to explain how your information will be used and protected.
- Your information is very valuable to us. We use it to learn who is being reached by this program and to improve our services. It also helps our funding agencies show that they are spending their money wisely.
- At the top of the form, we ask for the first two letters of your first and last name and the last two years of the year you were born. We will use this to match your information to an Attendance Log to track how many times you attend a class and to the post-survey. We do not share this information with anyone else.
- The form also asks you to provide some personal information such as your age and gender. You may skip any questions that you do not want to answer. While completing the form, you may ask us to explain any questions that you find confusing.
- We follow very strict rules to protect all of your information and to keep it private. We will maintain these paper forms securely following standard practices for protecting private data. After a trained person enters your information into a secure computer database, we will destroy the paper forms.
- Completing the form is entirely voluntary. If you decide not to complete it you can still participate in this program.
- Please take time now to read the form and let us know if you have any questions

