2012-2013 Survey for Coalition Members

The SAFE - Central Valley Coalition, formed in 2011 by the Department of Physical Therapy at Fresno State with grant support from the California Wellness Foundation, focuses on senior awareness and fall education. We use this information to get a better sense of our members in order to determine best fit for specific committees, tasks, and specific goals of the coalition. We kindly request annual dues of $50/individual per year, $100/organization or business per year (includes up to 4 members, please have others fill out their own survey) and membership is free for students and older adults over age 65. Annual dues are collected in September and provide membership benefits through August of the next year.

*[ ]* Ms *[ ]* Miss *[ ]* Mrs *[ ]* Mr Name

Agency/Organization

Address       City       Zip

Phone       Email

Membership Level:

*[ ]* Organization/Business $100/yr *[ ]*  Individual $50/yr *[ ]* Student (Free) *[ ]* Senior (Free)

Please indicate method of payment:

*[ ]* Please Invoice

 *[ ]* Check Enclosed (payable to Fresno State Foundation)

 *[ ]* Credit Card Payment

Card Number *[ ]* Visa *[ ]* Mastercard Exp. Date 3 digit security code

*[ ]* I would like to include SAFE in my estate plans to create a lasting legacy of safety for seniors

**Please mail this form to:**California State University, Fresno

Department of Physical Therapy ATTN: Ashley Hart
2345 E San Ramon Ave., MH 29, Fresno, CA 93740-8031

Fax: 559.278.3635, ATTN: Ashley Hart Email: ahart@csufresno.edu

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**Receipt of Donation**

Thank you for supporting the SAFE Central Valley Coalition. A portion of your proceeds is tax deductible. You will receive a formal receipt from the university (Non Profit Tax ID #946003272) in a few weeks.

SAFE Member Signature Date

Section A: Your Knowledge & Experience

1) How would you rank your own level of knowledge on the general subject of falls prevention? *(Please use the scale below and circle the best answer)*

 *Novice Normal Expert*

*[ ]  0* *[ ]  1* *[ ]  2* *[ ]  3* *[ ]  4* *[ ]  5* *[ ]  7*

2) Do you have a degree, certificate or license in nursing, physical therapy, gerontology or some other field which gives you special knowledge on the general subject of falls prevention? *[ ]  Yes* *[ ]  No If yes, what is it?*

3) Are you familiar with the *California Blueprint for Fall Prevention*? *(Check one)*

*[ ]  Not familiar* *[ ]  Somewhat familiar* *[ ]  Very familiar*

4) What do you consider to be the major risk factors for falls?

5) For each type of falls prevention activity listed in the chart below, please rank your own level of experience in that area. *(Check the best answer in each row)*

|  |  |
| --- | --- |
|  | ***Beginner Average Veteran*** |
| a) Writing Articles/Stories/Brochures | *0* *[ ]  1* *[ ]  2 [ ]  3 [ ]  4 [ ]  5 [ ]  6 [ ]*  |
| b) Doing Community Presentations | *0 [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5 [ ]  6 [ ]*  |
| c) Doing Workshops for seniors | *0 [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5 [ ]  6 [ ]*  |
| d) Doing Training Sessions for professionals who work with seniors | *0 [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5 [ ]  6 [ ]*  |
| e) Doing Exercise Programs | *0 [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5 [ ]  6 [ ]*  |
| f) Doing Minor Home Modifications | *0 [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5 [ ]  6 [ ]*  |
| g) Doing Medication Management | *0 [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5 [ ]  6 [ ]*  |
| h) Doing Nutrition Consultations | *0 [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5 [ ]  6 [ ]*  |
| i) Giving Medical Treatment/Therapy | *0 [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5 [ ]  6 [ ]*  |
| j) Doing Risk Assessments for Falls | *0 [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5 [ ]  6 [ ]*  |
| k) Working with Coalitions/Networks | *0 [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5 [ ]  6 [ ]*  |
| l) Developing Programs/Strategies | *0 [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5 [ ]  6 [ ]*  |
| m) Working on Policy & Legislation | *0 [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5 [ ]  6 [ ]*  |

6) How would you rank your own familiarity with the overall network of programs and services for senior citizens and dependent adults? *(Check the best answer)*

 *Novice Normal Expert*

 *[ ]  0 [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5 [ ]  7*

7) How often do you collaborate with other organizations for the purpose of Falls Prevention activities? *(Check one)*

[ ]  *Never* *[ ]  Rarely* *[ ]  Sometimes* *[ ]  Often* *[ ]  Always*

Section B: Your Needs and Interests

8) What are you most interested in contributing to the Coalition?

9) What do you most hope to gain from the Coalition?

10) Based on your area of interest and professional expertise please rank (#1 as first priority) your preference for possible coalition committee membership.

      Education

* Raise fall prevention awareness among seniors, caregivers, the community, and policymakers

      Professional Development of Local Providers

* Raise fall prevention awareness and provide high-quality continuing education opportunities for health and social-service providers of services for older adults

      Marketing and Event Planning

* Assist marketing chair by expanding community awareness and increase coalition membership

      Fundraising

* + Assist fundraising chair with year-round fundraising activities

**Thank you for completing our Member Survey. We look forward to working with you to reduce falls for older adults in the Central Valley.**