

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"/> |
| Throwing/kicking a ball in standing | <input type="checkbox"/> |
| Standing exercises on soft/unstable surfaces | <input type="checkbox"/> |
| Walking exercises on soft/unstable surfaces | <input type="checkbox"/> |
| Walking exercises involving carrying a ball, tray or other item | <input type="checkbox"/> |
| Walking over or around obstacles | <input type="checkbox"/> |
| Walking exercises involving simultaneous counting or word tasks | <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"/> |
| I felt that the home exercises became gradually easier to perform | <input type="checkbox"/> |
| The home exercise program felt meaningful to carry out | <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"/> |





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

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

- Yes
- No

If yes, describe which exercise:

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:

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

- Yes
- No

if yes, describe what you think was missing