PARTICIPANT SELECTION GRID

(HEALTH QUESTIONNAIRE)

DORVAL

IDENTIFICATION OF PARTICIPANT

Group #		Registration date		Gender*	
Name at birth*		First name		Age*	
Date of birth (dd/mm/aaaa)		Spoken language*		Phone number	

Address

Street # and name		App #		City		Postal code*	
Person to contact in case of an emergency						Phone number	

Where did you hear about the Stand Up Program* (name the main source)?	

* Information to be reported in the Stand Up Program group and the participant monitoring form

To fill out by participants	
Question	**Answer**
A) Are you 65 years of age or older?	☐ Yes ☐ No
B) Have you ever followed the Stand Up Program?	☐ Yes ☐ No
C) In the past year, have you had a fall?	☐ Yes ☐ No
D) In the past year, have you been afraid of falling?	☐ Yes ☐ No
E) Have you had repeated falls in the last year (more than two falls)?	☐ Yes ☐ No
F) Do you use a walking aid?	☐ Yes ☐ No
G) Are you in active cancer treatment?	☐ Yes ☐ No
H) Are you able to attend all 24 sessions over 12 weeks (transportation, physical abilities, vacation, etc.)?	☐ Yes ☐ No

To fill out by the person in charge of the program
Comments