

Fall Prevention Coalition – Los Angeles (FPC-LA) Member Survey

Please take a moment to answer the following questions about your Coalition membership. Information from this survey will be used to improve FPC-LA functioning. Individual survey responses will be kept confidential.

1. How many years/months have you been a member of the Coalition?	___ yrs ___ months
2. During the past 12 months, what kinds of roles have <u>you</u> played in the Coalition? (Mark YES or NO)	
a. Served as a member of the Coalition	<input type="checkbox"/> YES <input type="checkbox"/> NO
b. Served as a member of a committee	<input type="checkbox"/> YES <input type="checkbox"/> NO
c. Helped organize Coalition-sponsored activities (other than meetings)	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. During the past 12 months, how many <u>regular</u> Coalition meetings (not including committee meetings) did you attend?	___ meetings
4. During the past 12 months, how many Coalition <u>committee meetings/ teleconferences</u> did you attend?	___ meetings
5. Are you attending Coalition meetings as part of your job (i.e., Coalition attendance is seen as a work-related duty)? (Mark YES or NO)	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. Please rate your level of familiarity with the issue of fall prevention among older adults. (Circle one)	
Not Familiar	Very Familiar
1 2 3 4 5 6 7 8	9 10
7. During the past 12 months, has your level of familiarity with the issue of fall prevention among older adults increased due to your participation in the Coalition? (Mark YES or NO)	<input type="checkbox"/> YES <input type="checkbox"/> NO
a. If YES, please indicate how much. (Circle one) If NO, continue to Question 8.	
Not at All	Very Much
1 2 3 4 5	
8. Please list fall prevention topics you would like the Coalition to address.	
9. Please share your thoughts and ideas on how to keep members engaged in the Coalition.	
10. In the past 12 months, about how often have you exchanged information with other Coalition members on topics such as meetings, training opportunities, funding sources, and/or jointly planned programs? (Mark one)	
<input type="checkbox"/> Never <input type="checkbox"/> Less than quarterly <input type="checkbox"/> About quarterly <input type="checkbox"/> About monthly <input type="checkbox"/> About weekly	

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11. Below are statements that may reflect your feelings about how the Coalition functions and your role in the Coalition. Please indicate your thoughts based on your experience in the past 12 months. (If you have trouble deciding, choose the answer that describes your feelings most of the time.)

	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know
a. The Coalition has a sense of cohesiveness and team spirit.	<input type="checkbox"/>				
b. The Coalition is disorganized and inefficient.	<input type="checkbox"/>				
c. Membership turnover is minimal.	<input type="checkbox"/>				
d. There is a lot of tension and conflict among Coalition members.	<input type="checkbox"/>				
e. The Coalition's overall plan of action is effective.	<input type="checkbox"/>				
f. Coalition members share a common vision for our community.	<input type="checkbox"/>				
g. The Coalition has significantly increased community-wide awareness of fall-related problems.	<input type="checkbox"/>				
h. Coalition activities have increased cooperation between groups working to reduce falls.	<input type="checkbox"/>				
i. Coalition activities have contributed to strengthening fall-related policies and regulations in the community.	<input type="checkbox"/>				
j. My abilities are effectively used by the Coalition.	<input type="checkbox"/>				
k. I feel strongly committed to this Coalition.	<input type="checkbox"/>				

Other Comments: (e.g., How might the functioning of the Coalition be improved?)

Thank you for taking the time to complete our survey!

Survey adapted from the Archstone Foundation Coalition Member Survey.