

Participant Survey

GERI-FIT®

Survey results are anonymous.

City and State where you participated in Geri-Fit: FULTON GA

Your Age 83 1/2 Height 5 11 Weight 170 ☐ Male ☐ Female

- 1) How long have you taken Geri-Fit? 11 Months Years
- 2) Have you had a hip or knee replacement in the past 5 years? ☐ Yes ☒ No
- 3) Do you use a cane, walker, or wheel chair to get around? ☐ Yes ☒ No
- 4) Since starting Geri-Fit, my mobility ☒ Improved ☐ Did not improve ☐ Is the same
- 5) Do you have heart disease? ☒ Yes ☐ No
- 6) Do you have diabetes? ☐ Yes ☒ No
- 7) Do you have arthritis? ☒ Yes ☐ No
- 8) If you answered yes to any of the questions above, would you say that any of these conditions have improved since starting Geri-Fit? ☒ Yes ☐ No
- 9) Did Geri-Fit help lift your spirits or put you in a better mood? ☒ Yes ☐ No
- 10) Did you lose any weight while enrolled in the Geri-Fit program? ☒ Yes ☐ No
- 11) If yes, how much weight did you lose? 5 LBS
- 12) Are you able to raise your arms overhead better than when you first started in the Geri-Fit program? ☒ Yes ☐ No
- 13) Since you started Geri-Fit, how would you rate your overall health?
☒ Gotten Better ☐ Stayed the same ☐ Gotten worse
- 14) How would you rate your overall strength?
☒ Gotten Better ☐ Stayed the same ☐ Gotten worse
- 15) How would you rate your balance?
☐ Gotten Better ☒ Stayed the same ☐ Gotten worse
- 16) How would you rate your ability to stand up without assistance?
☒ Gotten Better ☐ Stayed the same ☐ Gotten worse

Participant Survey

GERI-FIT®

17) How would you rate your ability to walk without assistance?

☒ Gotten Better ☐ Stayed the same ☐ Gotten worse

18) How would you rate your ability to walk up and down stairs?

☐ Gotten Better ☒ Stayed the same ☐ Gotten worse

19) In terms of generalized well being, how do you feel?

☒ Better ☐ The same ☐ Worse

20) How would you rate your energy level?

☒ Gotten Better ☐ Stayed the same ☐ Gotten worse

21) Would you say your physical activity level has...

☒ Gotten Better ☐ Stayed the same ☐ Gotten worse

22) Since you've started Geri-Fit, would you say your fear of falling down has:

☒ Lessened ☐ Increased ☐ Stayed the same

23) Since you've started Geri-Fit, would you say your "pain", i.e., pain from arthritis, low back pain, and/or stiffness in joints has...

☒ Gotten Better ☐ Stayed the same ☐ Gotten worse ☐ Completely disappeared

24) Would you recommend the Geri-Fit program to your friends and family members?

☒ Yes ☐ No

25) We'd like to know of any other positive results you have seen since taking Geri-Fit:

INCREASED WALKING

*Please hand in the completed survey and **Thank You** for your participation!*

Participant Survey

GERI-FIT®

Survey results are anonymous.

City and State where you participated in Geri-Fit: Union City, Ga.

Your Age 81 Height 5'5" Weight 147 ☐ Male ☒ Female

- 1) How long have you taken Geri-Fit? _____ Months 7 Years
- 2) Have you had a hip or knee replacement in the past 5 years? ☒ Yes ☐ No
- 3) Do you use a cane, walker, or wheel chair to get around? ☒ Yes ☐ No
- 4) Since starting Geri-Fit, my mobility ☒ Improved ☐ Did not improve ☐ Is the same
- 5) Do you have heart disease? ☐ Yes ☒ No
- 6) Do you have diabetes? ☐ Yes ☒ No
- 7) Do you have arthritis? ☐ Yes ☒ No
- 8) If you answered yes to any of the questions above, would you say that any of these conditions have improved since starting Geri-Fit? ☒ Yes ☐ No
- 9) Did Geri-Fit help lift your spirits or put you in a better mood? ☒ Yes ☐ No
- 10) Did you lose any weight while enrolled in the Geri-Fit program? ☐ Yes ☒ No
- 11) If yes, how much weight did you lose? _____
- 12) Are you able to raise your arms overhead better than when you first started in the Geri-Fit program? ☒ Yes ☐ No
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22) Since you've started Geri-Fit, would you say your fear of falling down has:

☒ Lessened ☐ Increased ☐ Stayed the same

23) Since you've started Geri-Fit, would you say your "pain", i.e., pain from arthritis, low back pain, and/or stiffness in joints has...

☒ Gotten Better ☐ Stayed the same ☐ Gotten worse ☐ Completely disappeared

24) Would you recommend the Geri-Fit program to your friends and family members?

☒ Yes ☐ No

25) We'd like to know of any other positive results you have seen since taking Geri-Fit:

*Please hand in the completed survey and **Thank You** for your participation!*

Participant Survey

GERI-FIT[®]

Survey results are anonymous.

City and State where you participated in Geri-Fit: Union City, GA

Your Age 71 Height 5'5 Weight 220 ☐ Male ☒ Female

- 1) How long have you taken Geri-Fit? _____ Months 1 Years
- 2) Have you had a hip or knee replacement in the past 5 years? ☒ Yes ☐ No
- 3) Do you use a cane, walker, or wheel chair to get around? ☐ Yes ☒ No
- 4) Since starting Geri-Fit, my mobility ☒ Improved ☐ Did not improve ☐ Is the same
- 5) Do you have heart disease? ☐ Yes ☒ No
- 6) Do you have diabetes? ☐ Yes ☒ No
- 7) Do you have arthritis? ☒ Yes ☐ No
- 8) If you answered yes to any of the questions above, would you say that any of these conditions have improved since starting Geri-Fit? ☒ Yes ☐ No
- 9) Did Geri-Fit help lift your spirits or put you in a better mood? ☒ Yes ☐ No
- 10) Did you lose any weight while enrolled in the Geri-Fit program? ☒ Yes ☐ No
- 11) If yes, how much weight did you lose? 5 lbs
- 12) Are you able to raise your arms overhead better than when you first started in the Geri-Fit program? ☒ Yes ☐ No
- 13) Since you started Geri-Fit, how would you rate your overall health?
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☐ Gotten Better ☒ Stayed the same ☐ Gotten worse ☐ Completely disappeared

24) Would you recommend the Geri-Fit program to your friends and family members?

☒ Yes ☐ No

25) We'd like to know of any other positive results you have seen since taking Geri-Fit:

Learned how to get up from a fall

*Please hand in the completed survey and **Thank You** for your participation!*

Participant Survey

GERI-FIT®

Survey results are anonymous.

City and State where you participated in Geri-Fit: GA Union City

Your Age 77 Height 6' Weight 242 ☒ Male ☐ Female

- 1) How long have you taken Geri-Fit? 10 Months — Years
- 2) Have you had a hip or knee replacement in the past 5 years? ☐ Yes ☒ No
- 3) Do you use a cane, walker, or wheel chair to get around? ☐ Yes ☒ No
- 4) Since starting Geri-Fit, my mobility ☒ Improved ☐ Did not improve ☐ Is the same
- 5) Do you have heart disease? ☐ Yes ☒ No
- 6) Do you have diabetes? ☐ Yes ☒ No
- 7) Do you have arthritis? ☒ Yes ☐ No
- 8) If you answered yes to any of the questions above, would you say that any of these conditions have improved since starting Geri-Fit? ☒ Yes ☐ No
- 9) Did Geri-Fit help lift your spirits or put you in a better mood? ☒ Yes ☐ No
- 10) Did you lose any weight while enrolled in the Geri-Fit program? ☐ Yes ☒ No
- 11) If yes, how much weight did you lose? 0
- 12) Are you able to raise your arms overhead better than when you first started in the Geri-Fit program? ☒ Yes ☐ No
- 13) Since you started Geri-Fit, how would you rate your overall health?
- ☒ Gotten Better ☐ Stayed the same ☐ Gotten worse
- 14) How would you rate your overall strength?
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☐ Gotten Better ☒ Stayed the same ☐ Gotten worse ☐ Completely disappeared

24) Would you recommend the Geri-Fit program to your friends and family members?

☒ Yes ☐ No

25) We'd like to know of any other positive results you have seen since taking Geri-Fit:

friendship - mood - elevation - ROM improved

*Please hand in the completed survey and **Thank You** for your participation!*

Participant Survey

GERI-FIT®

Survey results are anonymous.

City and State where you participated in Geri-Fit: Union City

Your Age 85 Height 5'6 Weight 150 ☐ Male ☒ Female

- 1) How long have you taken Geri-Fit? 11 Months _____ Years
- 2) Have you had a hip or knee replacement in the past 5 years? ☐ Yes ☒ No
- 3) Do you use a cane, walker, or wheel chair to get around? ☐ Yes ☒ No
- 4) Since starting Geri-Fit, my mobility ☒ Improved ☐ Did not improve ☐ Is the same
- 5) Do you have heart disease? ☒ Yes ☐ No
- 6) Do you have diabetes? ☐ Yes ☒ No
- 7) Do you have arthritis? ☐ Yes ☒ No
- 8) If you answered yes to any of the questions above, would you say that any of these conditions have improved since starting Geri-Fit? ☒ Yes ☐ No
- 9) Did Geri-Fit help lift your spirits or put you in a better mood? ☒ Yes ☐ No
- 10) Did you lose any weight while enrolled in the Geri-Fit program? ☐ Yes ☒ No
- 11) If yes, how much weight did you lose?
- 12) Are you able to raise your arms overhead better than when you first started in the Geri-Fit program? ☒ Yes ☐ No
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☒ Gotten Better ☐ Stayed the same ☐ Gotten worse ☐ Completely disappeared

24) Would you recommend the Geri-Fit program to your friends and family members?

☒ Yes ☐ No

25) We'd like to know of any other positive results you have seen since taking Geri-Fit:

Improved movement and well being

*Please hand in the completed survey and **Thank You** for your participation!*

Participant Survey

GERI-FIT[®]

Survey results are anonymous.

City and State where you participated in Geri-Fit: Union City, Georgia

Your Age 74 Height 5' Weight 4" ☐ Male ☒ Female

- 1) How long have you taken Geri-Fit? 9 Months 1 Years
- 2) Have you had a hip or knee replacement in the past 5 years? ☐ Yes ☒ No
- 3) Do you use a cane, walker, or wheel chair to get around? ☐ Yes ☒ No
- 4) Since starting Geri-Fit, my mobility ☐ Improved ☐ Did not improve ☒ Is the same
- 5) Do you have heart disease? ☐ Yes ☒ No
- 6) Do you have diabetes? ☐ Yes ☒ No
- 7) Do you have arthritis? ☐ Yes ☒ No
- 8) If you answered yes to any of the questions above, would you say that any of these conditions have improved since starting Geri-Fit? ☐ Yes ☐ No
- 9) Did Geri-Fit help lift your spirits or put you in a better mood? ☒ Yes ☐ No
- 10) Did you lose any weight while enrolled in the Geri-Fit program? ☐ Yes ☒ No
- 11) If yes, how much weight did you lose? _____
- 12) Are you able to raise your arms overhead better than when you first started in the Geri-Fit program? ☐ Yes ☒ No
- 13) Since you started Geri-Fit, how would you rate your overall health?
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Participant Survey



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☐ Gotten Better ☒ Stayed the same ☐ Gotten worse ☐ Completely disappeared

24) Would you recommend the Geri-Fit program to your friends and family members?

☒ Yes ☐ No

25) We'd like to know of any other positive results you have seen since taking Geri-Fit:

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Participant Survey

GERI-FIT®

Survey results are anonymous.

City and State where you participated in Geri-Fit: Union City Georgia

Your Age 80 Height 5'4 Weight 160 ☐ Male ☒ Female

- 1) How long have you taken Geri-Fit? 9 Months 1 Years
- 2) Have you had a hip or knee replacement in the past 5 years? ☒ Yes ☐ No
- 3) Do you use a cane, walker, or wheel chair to get around? ☐ Yes ☒ No
- 4) Since starting Geri-Fit, my mobility ☒ Improved ☐ Did not improve ☐ Is the same
- 5) Do you have heart disease? ☐ Yes ☒ No
- 6) Do you have diabetes? ☐ Yes ☒ No
- 7) Do you have arthritis? ☐ Yes ☒ No
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24) Would you recommend the Geri-Fit program to your friends and family members?

☒ Yes ☐ No

25) We'd like to know of any other positive results you have seen since taking Geri-Fit:

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Participant Survey

GERI-FIT®

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City and State where you participated in Geri-Fit: GEORGIA

Your Age 78 Height 5' 4" Weight 169lbs ☐ Male ☒ Female

- 1) How long have you taken Geri-Fit? 12 Months Years
- 2) Have you had a hip or knee replacement in the past 5 years? ☒ Yes ☒ No 10 yrs. ago
- 3) Do you use a cane, walker, or wheel chair to get around? ☐ Yes ☒ No
- 4) Since starting Geri-Fit, my mobility ☒ Improved ☐ Did not improve ☐ Is the same
- 5) Do you have heart disease? ☐ Yes ☒ No
- 6) Do you have diabetes? ☒ Yes ☐ No
- 7) Do you have arthritis? ☒ Yes ☐ No
- 8) If you answered yes to any of the questions above, would you say that any of these conditions have improved since starting Geri-Fit? ☒ Yes ☐ No
- 9) Did Geri-Fit help lift your spirits or put you in a better mood? ☒ Yes ☐ No
- 10) Did you lose any weight while enrolled in the Geri-Fit program? ☐ Yes ☐ No
- 11) If yes, how much weight did you lose? 5lbs.
- 12) Are you able to raise your arms overhead better than when you first started in the Geri-Fit program? ☒ Yes ☐ No
- 13) Since you started Geri-Fit, how would you rate your overall health?
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24) Would you recommend the Geri-Fit program to your friends and family members?

☒ Yes ☐ No

25) We'd like to know of any other positive results you have seen since taking Geri-Fit:

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Participant Survey

GERI-FIT®

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City and State where you participated in Geri-Fit: Union City GA

Your Age 55 Height 5'1" Weight 152 ☐ Male ☒ Female

- 1) How long have you taken Geri-Fit? 14 Months — Years
- 2) Have you had a hip or knee replacement in the past 5 years? ☐ Yes ☒ No
- 3) Do you use a cane, walker, or wheel chair to get around? ☒ Yes ☐ No
- 4) Since starting Geri-Fit, my mobility ☒ Improved ☐ Did not improve ☐ Is the same
- 5) Do you have heart disease? ☒ Yes ☐ No
- 6) Do you have diabetes? ☒ Yes ☐ No
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☒ Gotten Better ☐ Stayed the same ☐ Gotten worse ☐ Completely disappeared

24) Would you recommend the Geri-Fit program to your friends and family members?

☒ Yes ☐ No

25) We'd like to know of any other positive results you have seen since taking Geri-Fit:

I enjoy coming. I physically feel better & I
feel better about myself

*Please hand in the completed survey and **Thank You** for your participation!*

Participant Survey

GERI-FIT®

Survey results are anonymous.

City and State where you participated in Geri-Fit: _____

Your Age 83 Height 5'3" Weight 181 ☐ Male ☒ Female

- 1) How long have you taken Geri-Fit? 11 MONTHS Months 1 YRS Years
- 2) Have you had a hip or knee replacement in the past 5 years? ☒ Yes ☐ No
- 3) Do you use a cane, walker, or wheel chair to get around? ☒ Yes ☐ No
- 4) Since starting Geri-Fit, my mobility ☒ Improved ☐ Did not improve ☐ Is the same
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- 6) Do you have diabetes? ☒ Yes ☐ No
- 7) Do you have arthritis? ☒ Yes ☐ No
- 8) If you answered yes to any of the questions above, would you say that any of these conditions have improved since starting Geri-Fit? ☒ Yes ☐ No
- 9) Did Geri-Fit help lift your spirits or put you in a better mood? ☒ Yes ☐ No
- 10) Did you lose any weight while enrolled in the Geri-Fit program? ☐ Yes ☒ No
- 11) If yes, how much weight did you lose? 4 PDS.
- 12) Are you able to raise your arms overhead better than when you first started in the Geri-Fit program? ☒ Yes ☐ No
- 13) Since you started Geri-Fit, how would you rate your overall health?
☒ Gotten Better ☐ Stayed the same ☐ Gotten worse
- 14) How would you rate your overall strength?
☒ Gotten Better ☐ Stayed the same ☐ Gotten worse
- 15) How would you rate your balance?
☐ Gotten Better ☒ Stayed the same ☐ Gotten worse
- 16) How would you rate your ability to stand up without assistance?
☒ Gotten Better ☐ Stayed the same ☐ Gotten worse

Participant Survey

GERI-FIT®

17) How would you rate your ability to walk without assistance?

☒ Gotten Better ☐ Stayed the same ☐ Gotten worse

18) How would you rate your ability to walk up and down stairs?

☐ Gotten Better ☒ Stayed the same ☐ Gotten worse

19) In terms of generalized well being, how do you feel?

☒ Better ☐ The same ☐ Worse

20) How would you rate your energy level?

☐ Gotten Better ☒ Stayed the same ☐ Gotten worse

21) Would you say your physical activity level has...

☒ Gotten Better ☐ Stayed the same ☐ Gotten worse

22) Since you've started Geri-Fit, would you say your fear of falling down has:

☐ Lessened ☐ Increased ☒ Stayed the same

23) Since you've started Geri-Fit, would you say your "pain", i.e., pain from arthritis, low back pain, and/or stiffness in joints has...

☒ Gotten Better ☐ Stayed the same ☐ Gotten worse ☐ Completely disappeared

24) Would you recommend the Geri-Fit program to your friends and family members?

☒ Yes ☐ No

25) We'd like to know of any other positive results you have seen since taking Geri-Fit:

*Please hand in the completed survey and **Thank You** for your participation!*