

City and State where yo	ou participa	ted in Geri-	Fit: FULT	on G	A
Your Age 43 1/2 He	ight <u>5</u> /) Weig	ht <u>) 1/7</u>	□ Male	□ Female
1) How long have you	taken Geri-	Fit?	// Month	s	_ Years
2) Have you had a hip of			7		
3) Do you use a cane, v	valker, or w	heel chair t	o get around?	Yes □ Yes	ĎľNo
4) Since starting Geri-F	it, my mob	ility 💢 Im	proved \square Di	id not improve	e □ Is the same
5) Do you have heart di	isease?	Yes	□ No		
5) Do you have heart di6) Do you have diabete	s?	□ Yes	No No		
7) Do you have arthritis					
8) If you answered yes	to any of th	e questions	above, would	d you say that	any of these
conditions have improv	ed since sta	arting Geri-	Fit?	Yes □ No	
9) Did Geri-Fit help lift	your spirit	s or put you	ı in a better m	ood?	Yes □ No
10) Did you lose any w	eight while	enrolled in	the Geri-Fit	program? 🕱	Yes □ No
11) If yes, how much w	eight did y	ou lose?	51BS		
12) Are you able to rais	e your arm:	s overhead	better than w	nen you first s	tarted in the
Geri-Fit program?	Yes □ No				
13) Since you started G	eri-Fit, hov	www.would you	ı rate your ov	erall health?	
Gotten Better	☐ Staye	d the same	☐ Gotte	en worse	
14) How would you rat					
Gotten Better	☐ Stayed	d the same	☐ Gotte	en worse	
15) How would you rat	e your bala	nce?			
☐ Gotten Better	X Staye	d the same	☐ Gotte	en worse	
16) How would you rat	e your abili	ty to stand	up without as	sistance?	
Gotten Better		d the same		en worse	



17) How would you rate your ability to walk without assistance?					
☐ Stayed the same	☐ Gotten worse				
e your ability to walk up a	nd down stairs?				
Stayed the same	☐ Gotten worse				
zed well being, how do yo	u feel?				
☐ The same	□ Worse				
e your energy level?					
☐ Stayed the same	☐ Gotten worse				
r physical activity level has	S				
☐ Stayed the same	☐ Gotten worse				
l Geri-Fit, would you say y	our fear of falling down has:				
☐ 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					
tayed the same Gotter	n worse Completely disappeared				
24) Would you recommend the Geri-Fit program to your friends and family members?					
of any other positive results	s you have seen since taking Geri-Fit:				
/					
	☐ Stayed the same e your ability to walk up as ☐ Stayed the same Zed well being, how do you ☐ The same e your energy level? ☐ Stayed the same I physical activity level has ☐ Stayed the same ☐ Geri-Fit, would you say your stiffness in joints has I tayed the same ☐ Gotter ☐ Gotter ☐ Geri-Fit program to				



City and State where you participated in Geri-Fit: Zhi on City, Ga.
Your Age <u>₹</u> Height <u>5'5''</u> Weight <u>/47</u> □ Male Female
1) How long have you taken Geri-Fit? 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
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?
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



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 a	nd down stairs?			
Gotten Better	☐ Stayed the same	☐ Gotten worse			
19) In terms of generalize	ed well being, how do yo	u 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 J	physical activity level has	S			
⊠ Gotten Better	☐ Stayed the same	☐ Gotten worse			
22) Since you've started (Geri-Fit, would you say y	our 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 ☐ Sta	ayed the same Gotter	n worse Completely disappeared			
24) Would you recommend the Geri-Fit program to your friends and family members?					
25) We'd like to know of	any other positive results	s you have seen since taking Geri-Fit:			



City and State where you	u participated	l in Geri-	Fit: 🅼	ion Cope	1,614	
Your Age Heig	ght <u>55</u>	Weigl	nt <u>22</u>	0	□ Male	Female
1) How long have you ta	aken Geri-Fit	?	N	Months		Years
2) Have you had a hip or	r knee replac	ement in	the past	5 years?	Yes Yes	□ No
3) Do you use a cane, w	alker, or whe	el chair to	get are	ound?	□ Yes	☑ No
4) Since starting Geri-Fi	t, my mobilit	y 🗖 Imp	proved	□ Did n	ot improve	\Box Is the same
5) Do you have heart dis	sease?	□ Yes	🛚 No			
6) Do you have diabetes	?	□ Yes	☑ No			
7) Do you have arthritis	?	Yes	□ No			
8) If you answered yes to				would yo	ou say that a	any of these
conditions have improve	ed since starti	ng Geri-I	Fit?	Ye Ye	s □ No	
9) Did Geri-Fit help lift				•		Yes □ No
10) Did you lose any we					· · · · · · · · · · · · · · · · · · ·	
11) If yes, how much we	eight did you	lose?5	1bes		_	
12) Are you able to raise				an when	you first st	arted in the
Geri-Fit program?						
13) Since you started Ge		ould you	rate yo	our overa	ll health?	
Gotten Better	☐ Stayed th	ne same		Gotten v	vorse	
14) How would you rate						
Gotten Better	☐ Stayed tl	ne same		Gotten v	vorse	
15) How would you rate						
Gotten Better	☐ Stayed th	ne same	Α.	Gotten v	vorse	
16) How would you rate	your ability	to <u>stand υ</u>	ıp witho	out assist	ance?	
Gotten Better	☐ Stayed th	ne same		Gotten v	vorse	



17) How would you rate	your ability to walk with	out assistance?			
Gotten Better	☐ Stayed the same	☐ Gotten worse			
18) How would you rate	your ability to walk up as	nd down stairs?			
☐ Gotten Better	Stayed the same	☐ Gotten worse			
19) In terms of generaliz	ed well being, how do yo	u 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	S			
Gotten Better	☐ Stayed the same	☐ Gotten worse			
22) Since you've started	Geri-Fit, would you say y	our 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 ☒ Sta	ayed the same Gotter	n worse Completely disappeared			
24) Would you recomme	nd the Geri-Fit program t	o 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: Lempled how to get up from a fall					
-					



City and State where you	participated	in Geri-l	Fit:	Ga	Un	ion City
Your Age 77 Heig	ht <u>6</u>	Weigh	nt 24	12	Male	☐ Female
1) How long have you tal	ken Geri-Fit?		1	Months		Years
2) Have you had a hip or	knee replace	ment in t	he pas	t 5 years?	□ Yes	□-No
3) Do you use a cane, wa	lker, or whee	el chair to	get ar	ound?	□ Yes	□-No
4) Since starting Geri-Fit	, my mobility	/ ☐ Imp	roved	□ Did no	t improve	☐ Is the same
5) Do you have heart dise	ease?	□ 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 q	uestions	above,	would you	u say that a	iny of these
conditions have improved	d since startir	ng Geri-F	it?	☐ Yes	□ No	
9) Did Geri-Fit help lift y	our spirits or	put you	in a be	etter mood	?	les □ No
10) Did you lose any wei	ght while enr	olled in	the Ge	ri-Fit prog	ram? 🗆 Y	les ⊟ No
11) If yes, how much wei	ight did you l	ose?		6		
12) Are you able to raise				1	ou first sta	arted in the
Geri-Fit program?	es □ No					
13) Since you started Geri-Fit, how would you rate your overall health?						
☐ Gotten Better	☐ Stayed th	e same		Gotten wo	orse	
14) How would you rate your overall strength?						
☐ Gotten Better	☐ Stayed th	e same		Gotten wo	orse	
15) How would you rate	your balance	?				
☐ Gotten Better	Stayed th	e same		Gotten wo	orse	
16) How would you rate	your ability t	o <u>stand u</u>	p with	out assista	nce?	
Gotten Better	☐ Stayed th	e same		Gotten wo	orse	



17) How would you rate	your ability to walk with	out assistance?					
☐ Gotten Better	☐ Stayed the same	☐ Gotten worse					
18) How would you rate	18) How would you rate your ability to walk up and down stairs?						
☐ Gotten Better	Stayed the same	☐ Gotten worse					
19) In terms of generaliz	ed well being, how do yo	ou 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 ha	S					
Gotten Better	☐ Stayed the same	☐ Gotten worse					
22) Since you've started	Geri-Fit, would you say y	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 ☐ St	ayed the same Gotte	n worse Completely disappeared					
24) Would you recomme	nd the Geri-Fit program	to your friends and family members?					
☐ Yes ☐ No							
		s you have seen since taking Geri-Fit: Levator - Romingroke					



City and State where you	participated in (Geri-Fit: <u>/</u> /	mon C	ity.	
Your Age <u>85</u> Heigh	t <u>5'6</u> v	Weight <u>/</u> 5	<u>D</u>	Male	Female
1) How long have you tak	en Geri-Fit?	_/(]	Months _		Years
2) Have you had a hip or l					☑No
3) Do you use a cane, wal	ker, or wheel ch	air to get a	round?	□ Yes	™No
4) Since starting Geri-Fit,	my mobility	Improved	□ Did not	improve	☐ Is the same
5) Do you have heart dise	ase?	Yes □ No)		
6) Do you have diabetes?)		
7) Do you have arthritis?		Yes ♥No)		
8) If you answered yes to	any of the quest	ions above,	, would you	say that a	ny of these
conditions have improved	since starting C	eri-Fit?	Yes	□ No	
9) Did Geri-Fit help lift yo	our spirits or put	you in a be	etter mood?	☑ Y	es □ No
10) Did you lose any weig	tht while enrolle	ed in the Ge	ri-Fit progr	am? □ Y	es 🛮 No
11) If yes, how much weig	ght did you lose	?	6.4 (6.70), (6.4)		
12) Are you able to raise y	our arms overh	ead better t	han when y	ou first sta	arted in the
Geri-Fit program?	s 🗆 No				
13) Since you started Geri	-Fit, how would	l you rate y	our overall	health?	
☑ Gotten Better [☐ Stayed the sa	me 🗆	Gotten wo	rse	
14) How would you rate y	our overall stre	ngth?			
Gotten Better	☐ Stayed the sa	me 🗆	Gotten wo	rse	
15) How would you rate y	our balance?				
Gotten Better	☐ Stayed the sa	me 🗆	Gotten wo	rse	
16) How would you rate y	our ability to st	and up with	out assistan	ice?	
Gotten Better [☐ Stayed the sa	me 🗆	Gotten wo	rse	



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 a	nd down stairs?			
Gotten Better	☐ Stayed the same	☐ Gotten worse			
19) In terms of generalize	ed well being, how do yo	u 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 J	physical activity level has	S			
Gotten Better	☐ Stayed the same	☐ Gotten worse			
22) Since you've started (Geri-Fit, would you say y	our 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 □ Sta	ayed the same Gotter	n worse Completely disappeared			
24) Would you recommend the Geri-Fit program to your friends and family members?					
☐ Yes ☐ No					
	any other positive results	s you have seen since taking Geri-Fit: L well beens			
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City and State where yo	ou participated	in Geri-I	Fit: 🕖	aron Ci	ty or	rgiq
Your Age 74 Hei	ight <u>5</u>	Weigh	nt <u>+</u>	1/	□ Male	Female
1) How long have you t	aken Geri-Fit	? _ 9	7 N	I onths	/	Years
2) Have you had a hip of	or knee replace	ement in t	he past	5 years?	□ Yes	⊠.No
3) Do you use a cane, w	valker, or whee	el chair to	get ar	ound?	□ Yes	□No
4) Since starting Geri-F	it, my mobilit	y 🗆 Imp	roved	□ Did n	ot improve	Is the same
5) Do you have heart di	sease?	□ Yes	⊠No			
6) Do you have diabete	s?	☐ Yes	⊠No			
7) Do you have arthritis	s?	□ Yes	⊠ No			
8) If you answered yes	to any of the q	uestions :	above,	would yo	ou say that	any of these
conditions have improv	ed since starti	ng Geri-F	it?	□ Ye	s □ No	
9) Did Geri-Fit help lift	your spirits o	r put you	in a be	tter mood	d? 🔼	Yes □ No
10) Did you lose any w	eight while en	rolled in 1	the Ger	ri-Fit pro	gram? □	Yes 🖄 No
11) If yes, how much w	eight did you	lose?			_	
12) Are you able to rais	e your arms o	verhead b	etter th	an when	you first s	tarted in the
Geri-Fit program? □	Yes 🖄 No					
13) Since you started G	eri-Fit, how w	ould you	rate yo	ur overa	ll health?	
☐ Gotten Better	⊠ Stayed th	ne same		Gotten v	vorse	
14) How would you rat	e your overall	strength?				
☐ Gotten Better	⊠ Stayed th	ne same		Gotten v	vorse	
15) How would you rat	e your balance	?				
☐ Gotten Better	Stayed th	ne same		Gotten v	vorse	
16) How would you rat	e your ability	to <u>stand u</u>	p with	out assist	ance?	
☐ Gotten Better	☐ Stayed th	ne same		Gotten v	vorse	



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 a	nd down stairs?			
☐ Gotten Better	Stayed the same	☐ Gotten worse			
19) In terms of generaliz	zed well being, how do yo	ou 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 ha	S			
☐ 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	f any other positive result	s you have seen since taking Geri-Fit:			



City and State where you	u participated	l in Geri-I	Fit: <u>U</u> y	Vior	City (DE0	Rgia	=,;
Your Age 🚫 Heig	ght 514	Weigh	nt 10	<u>) </u>	□ Ma	ıle	₩ Female	3
1) How long have you ta	ıken Geri-Fit	? 9	N	I onths			Years	
2) Have you had a hip or	knee replace	ement in t	he past	5 years	? 🗹 Y	Zes .	□ No	
3) Do you use a cane, wa	3) Do you use a cane, walker, or wheel chair to get around? ☐ Yes ☒ No							
4) Since starting Geri-Fi	t, my mobilit	y 🛱 Imp	roved	□ Did :	not imp	rove	☐ Is the sar	me
5) Do you have heart dis	ease?	□ 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 o	uestions	above,	would y	ou say	that a	ny of these	
conditions have improve	d since starti	ng Geri-F	it?	\Box Y	es 🗆	No		
9) Did Geri-Fit help lift	your spirits o	r put you	in a be	tter mod	od?	\ Y	es □ 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?								
13) Since you started Geri-Fit, how would you rate your overall health?								
☐ Gotten Better		ne same		Gotten	worse			
14) How would you rate your overall strength?								
Gotten Better	☐ Stayed th	ne same		Gotten	worse			
15) How would you rate	your balance	?						
☐ Gotten Better	Stayed th Stayed	ne same		Gotten	worse			
16) How would you rate	your ability	to <u>stand u</u>	p with	out assis	tance?			
Gotten Better	☐ Stayed th	ne same		Gotten	worse			



17) How would you rate your ability to walk without assistance?				
☐ Gotten Better	⊠ Stayed the same	☐ Gotten worse		
18) How would you rate	18) How would you rate your ability to walk up and down stairs?			
☐ Gotten Better		☐ 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 ha	S		
Gotten Better	☐ Stayed the same	☐ Gotten worse		
22) Since you've started	Geri-Fit, would you say y	our 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 \square No				
25) We'd like to know of any other positive results you have seen since taking Geri-Fit:				



City and State where you participated in Geri-Fit:					
Your Age 78 Height 5' 4" Weight 1696s Male Female					
1) How long have you taken Geri-Fit? Months Years					
2) Have you had a hip or knee replacement in the past 5 years? Yes No 10 yas 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?					
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?					
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					



17) How would you rate your ability to walk without assistance?				
	Stayed the same		Gotten worse	
18) How would you rate your ability to walk up and down stairs?				
K	Stayed the same		Gotten worse	
19) In terms of generalized well being, how do you feel?				
	The same		Worse	
20) How would you rate your energy level?				
	Stayed the same		Gotten worse	
r phy	sical activity level ha	S		
	Stayed the same		Gotten worse	
22) Since you've started Geri-Fit, would you say your fear of falling down has:				
	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 \(\sum \text{No} \)				
25) We'd like to know of any other positive results you have seen since taking Geri-Fit:				
	ized ized ized ize you r phy d Gen or st Staye	☐ Stayed the same The your ability to walk up a Stayed the same Stayed well being, how do you ☐ The same The same The your energy level? ☐ Stayed the same The same The same The your energy level? ☐ Stayed the same The same The your energy level? ☐ Stayed the same ☐ Geri-Fit, would you say your energy level? ☐ Increased The your energy level? ☐ Stayed the same ☐ Gotter energy level? ☐ The your energy level? ☐ Stayed the same ☐ Gotter energy level? ☐ Stayed the same ☐ Gotter energy level? ☐ Gotter energy level? ☐ Gotter energy level? ☐ Stayed the same ☐ Gotter energy level? ☐ Stayed the same ☐ Gotter energy level? ☐ Gotter energy level? ☐ Gotter energy level? ☐ Stayed the same ☐ Gotter energy level? ☐ Stayed the same ☐ Gotter energy level? ☐ Stayed the same ☐ Gotter energy level? ☐ Gotter energy level? ☐ Gotter energy level? ☐ Stayed the same ☐ Gotter energy level? ☐ Gotter	☐ Stayed the same ☐ de your ability to walk up and de Stayed the same ☐ dized well being, how do you fee ☐ The same ☐ de your energy level? ☐ Stayed the same ☐ rephysical activity level has ☐ Stayed the same ☐ deferi-Fit, would you say your ☐ Increased ☐ deferi-Fit, would you say your for stiffness in joints has Stayed the same ☐ Gotten we nend the Geri-Fit program to your feet of the your ability of the same ☐ Gotten we nend the Geri-Fit program to your feet of the your ability of the your abi	



City and State where you participated in Geri-Fit: White City (A				
Your Age 55 Heig	ht 51 Weight]	52 □ Male	Female	
1) How long have you tal	ken Geri-Fit?	Months	Years	
2) Have you had a hip or	knee replacement in the	past 5 years? □ Yes	∕∐ No	
3) Do you use a cane, wa	lker, or wheel chair to ge	et around?	□ No	
4) Since starting Geri-Fit	, my mobility 🗹 Improv	ved □ Did not improve	☐ Is the same	
5) Do you have heart dise	ease?	No		
5) Do you have heart dise6) Do you have diabetes?	Yes □	No		
7) Do you have arthritis?				
8) If you answered yes to	any of the questions abo	ove, would you say that	any of these	
conditions have improved	d 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? Y	es □ No			
13) Since you started Ger		e 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		



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 generaliz	zed well being, how do yo	ou 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 ha	as		
☐ 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: I engy Comm. I physically feet hefter & I				
feel permi	abut myste			
	•			



City and State where you participated in Geri-Fit:	_			
Your Age $\frac{53}{3}$ Height $\frac{5'3''}{3}$ Weight $\frac{181}{3}$ \square Male \nearrow Fema	le ,			
1) How long have you taken Geri-Fit?				
1) How long have you taken Geri-Fit? // Months // Years 2) Have you had a hip of knee replacement in the past 5 years? ✓ Yes □ No				
3) Do you use a cane, walker, or wheel chair to get around? Yes \square No				
4) Since starting Geri-Fit, my mobility ☐ Improved ☐ Did not improve ☐ Is the s	ame			
5) Do you have heart disease? ☐ Yes ☐ No				
6) Do you have diabetes? ✓ Yes □ No				
7) Do you have arthritis?				
8) If you answered yes to any of the questions above, would you say that any of these	e			
conditions have improved since starting Geri-Fit? ✓ Yes □ No				
9) Did Geri-Fit help lift your spirits or put you in a better mood?				
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?				
M Gotten Better □ Staved the same □ Gotten worse				



17) How would you rate your ability to walk without assistance?				
Gotten Better	☐ Stayed the same	☐ Gotten worse		
18) How would you rate	e your ability to walk up	and down stairs?		
☐ Gotten Better	Stayed the same	☐ Gotten worse		
19) In terms of generaliz	zed well being, how do y	ou feel?		
Detter Better	☐ The same	□ Worse		
20) How would you rate	e your energy level?			
☐ Gotten Better	Stayed the same	☐ Gotten worse		
21) Would you say your	physical activity level h	as		
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 \(\sum \text{No} \)				
25) We'd like to know of any other positive results you have seen since taking Geri-Fit:				