**Stepping On Data Collection**

For Session 1:

* Please fill out the attendance sheet with all participant names
* Note that the # next to their name on the attendance sheet is their Participant ID #
* **Participant ID # should be written at the top of the participant information form (Pre-survey)**
* Participants should also be provided with a consent form (per your organizations requirements)

For session 7:

* Please have participants fill out a post-survey form
* **The participant ID # should be written at the top of the post-survey form (this is the # next to their name on the attendance sheet).**

For all sessions:

* Please mark an X in each session that a patient attends to keep accurate attendance

**After Sessions are completed please send the following:**

* + - Host/Implementation Organization Information Form
		- Falls Prevention Program Information Cover Sheet
		- Participant information form (pre-survey)
		- Participant post program survey form
		- Attendance Log

**Via email** directly to Brittany Gambini, SBM's Falls Prevention Coordinator, at: brittany.gambini@stonybrookmedicine.edu

**OR via mail** to

Kristi Ladowski – Injury Prevention and Outreach Coordinator

Stony Brook Trauma Center
Stony Brook University Hospital
HSC T18-040
Stony Brook, NY 11794-8191

**OR via electronic submission:**
SBM has translated all of the ACL documents to electronic surveys that can be emailed directly to your participants, so that the information is automatically saved in excel format, making it easy to send data reports to SBM. If you are interested in learning more about electronic data submission, please contact Kristi Ladowski, Co-PI at: kristi.ladowski@stonybrookmedicine.edu.