

ARE YOU IN DANGER OF FALLING?

Please check all items that apply to you.

Personal Risks		Adapted from
	Have you fallen before?	Go Ahead Seniors Inc./ Healthy Living Program
	Do you often slip, trip or nearly fall?	for Older Adults
	Do you need a cane or walker to keep your balance?	
	Does climbing stairs make you feel unsteady or out of breath?	
	Do you sometimes feel dizzy?	
	Do you have foot problems, weak muscles or stiff joints?	
	Do you have osteoporosis?	
	Do you sometimes have to rush to the bathroom?	
	Do you have trouble seeing clearly or difficulty concentrating?	
	Do you take three or more medications? (Over-the-counter and her	bal medicines count)
	Do you drink alcohol frequently?	
Risks in Your Home		
	Does your home have stairs?	
	Are there throw rugs or carpets that are not secured to the floor	r?
	Do you have a cat or dog?	
	Do you have trouble getting in or out of the tub?	
	Are parts of your home poorly lit?	
	Can you see phone or electrical cords loose on the floor?	
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	Do you climb on a chair—or anything other than a sturdy step s	tool—to reach things
	stored in high places?	
Dicks	Outdoors	
	Do you have to climb stairs to enter your home?	
	Are the stairs and walks that you use often snowy or icy in the	winter or covered
	with leaves in the fall?	willer, or covered
If any of these items apply to you, you may be in danger of falling.		



