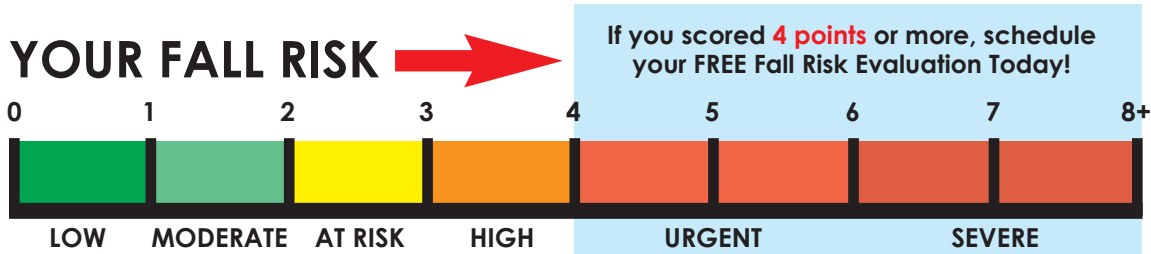


Every 14 Seconds, an Older Adult Is Treated in an Emergency Room for a Fall-Related Injury

Take This Fall Risk Self Assessment Quiz

Score Only Your "Yes" Answers

- Yes (2) No I have fallen in the past year.
- Yes (2) No I use or have been advised to use a cane or walker.
- Yes (1) No I sometimes lose my balance when walking.
- Yes (1) No I worry about falling.
- Yes (1) No I use my arms to push myself up from a chair.
- Yes (1) No I sometimes have trouble stepping up onto a curb.
- Yes (1) No My body sways when standing stationary.
- Yes (1) No I take short narrow steps.
- Yes (1) No I stumble often or look at the ground when I walk.
- Yes (1) No I frequently have to rush to the toilet.
- Yes (1) No I have lost some feeling in one or both of my feet.
- Yes (1) No My medication makes me feel light-headed or sleepy.



Free Fall Risk Evaluation