

## Fall Prevention Quiz

Please complete the quiz for your physician and physical therapist to review so they may determine if you are an eligible candidate for a fall prevention physical therapy program.

1. Have you fallen more than once in the past year?
2. Do you take medicine for two or more of the following diseases? Heart disease, hypertension, arthritis, anxiety, depression?
3. Do you feel dizzy or unsteady if you make sudden changes in movement such as bending down or quickly turning?
4. Do you have black-outs or seizures?
5. Have you experienced a stroke or other neurological problem that has affected your balance?
6. Do you experience numbness or loss of sensation in your legs and/or feet?
7. Do you use a walker or cane, or do you need assistance to get around?
8. Are you inactive? (Answer yes if you do not participate in a regular form of exercise, such as walking or exercising 20-30 minutes at least three times per week)
9. Do you feel unsteady when you are walking or climbing stairs?
10. Do you have difficulty sitting down or rising from a seated or lying position?