

## ARE YOU IN DANGER OF FALLING?

Please check all items that apply to you.

Perso	Have you fallen before?  Do you often slip, trip or nearly fall?  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?  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 flot 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?  Do you have to get out of bed to reach a telephone?  Do you climb on a chair—or anything other than a sturdy step stored in high places?	
Risks	Outdoors  Do you have to climb stairs to enter your home?  Are there poorly lit or dark areas around your home?  Are the sidewalks in your neighbourhood cracked or uneven?  Are the stairs and walks that you use often snowy or icy in the with leaves in the fall?	e winter or covered

If any of these items apply to you, you may be in danger of falling. Talk with a health professional to find out how to reduce your risk.



COMMUNITY LINKS
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