

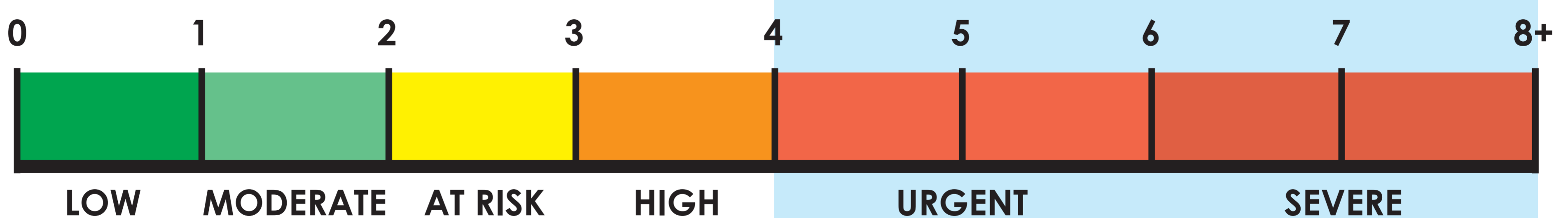
# Every 14 Seconds, an Older Adult Is Treated in an Emergency Room for a Fall-Related Injury

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. |

## YOUR FALL RISK



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