

**Please mark your response to the following questions.....**

### **My history of falling**

I have had at least one fall in the last 6 months.

Agree  Disagree  Unsure

### **About my medications**

I take sleeping tablets or tranquilisers or antidepressants.

Agree  Disagree  Unsure

### **About my level of exercise**

I do less than 30 minutes of physical activity a day such as brisk walking, swimming, cycling group exercise.

Agree  Disagree  Unsure

I do less than two sessions of balance and strength exercise per week for example Tai Chi or a specific exercise program by a physiotherapist or a fitness instructor.

Agree  Disagree  Unsure

### **About my balance and walking**

It is hard for me to get up from a chair.

Agree  Disagree  Unsure

I have poor balance when walking.

Agree  Disagree  Unsure

### **About my feet**

I have foot pain when walking or I have swelling and/or deformity in my feet.

Agree  Disagree  Unsure

### **About my eyesight**

I have difficulties with my vision.

Agree  Disagree  Unsure

It has been more than 12 months since my eyes were tested or glasses checked.

Agree  Disagree  Unsure

I have difficulties with my vision even when wearing glasses

Agree  Disagree  Unsure

### **About my health conditions**

I have or have had any of the following:

- a. Problems with my heart, blood pressure or circulation.  
 Agree  Disagree  Unsure
- b. A stroke.  
 Agree  Disagree  Unsure
- c. Diabetes.  
 Agree  Disagree  Unsure
- d. Parkinson's Disease.  
 Agree  Disagree  Unsure
- e. Dizziness or funny turns.  
 Agree  Disagree  Unsure

f. Needing to rush to the toilet or incontinence.

Agree  Disagree  Unsure

g. Difficulty with hearing.

Agree  Disagree  Unsure

h. A recent major change in my health.

Agree  Disagree  Unsure

### **About healthy eating**

I have lost weight recently without trying.

Agree  Disagree  Unsure

I have been eating poorly recently because of decreased appetite (poorly means not eating 3 balanced meals a day including protein, dairy, fruit and vegetables).

Agree  Disagree  Unsure

Each day, I eat less than 3 or 4 servings of high calcium foods (such as milk, yoghurt, cheese, salmon).

Agree  Disagree  Unsure

I am not aware of my vitamin D blood levels.

Agree  Disagree  Unsure

I have a mouth, teeth or swallowing problem that has changed the kind and/or amount of food I eat.

Agree  Disagree  Unsure

***If you have osteoporosis or answered Agree or Unsure to any of these questions, you may be at risk of a fall. Talk to a health professional about how you can reduce your risk.***