

Fall Prevention: Who's at Risk?¹

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Figure 1. Speak with your health care provider about conditions or medications that may affect your risk of falling.

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There are many risk factors associated with falls. Some risks are environmental, like poor lighting, while others relate to diseases people have or medications they take. Take this quiz to see if you are at high risk for falling! For each question, circle "Yes" or "No."

If you answered "Yes" to any of the questions, you may be at high risk for falling. The more questions you answered "yes" to, the higher your risk of falling. Ask your health care provider about modifications and actions you can take to reduce your risk of falling. You can also find tips for preventing falls at home in *Fall Prevention: Solutions for Your Home* (https://edis.ifas.ufl.edu/publication/FY734).

Table 1.

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Do you take more than two medications daily?	Yes / No
Have you or those around you noticed a change in your hearing?	Yes / No
Do you wear glasses or have any vision problems?	Yes / No
Have you fallen in the past year?	Yes / No
Do you have one or more of the following: Parkinson's disease, stroke, high blood pressure, urinary incontinence, osteoporosis, multiple sclerosis, or another neuromuscular disease?	Yes / No
Do you get dizzy when you get up, change position, or walk?	Yes / No
Do you have trouble picking up objects from the floor, reaching overhead, getting in and out of a chair, or walking without holding on to something?	Yes / No
Do you have throw rugs, stairs without rails, uneven surfaces, slippery floors, or cluttered walkways in your house?	Yes / No
Are you fearful of falling?	Yes / No
Do you wear shoes with high heels or slippery soles?	Yes / No
Do you have poor lighting conditions in your house?	Yes / No

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