

STEP 1: Know Your Risk**Think About How Falling and Getting Hurt Affects You**

Read through this list of some of the ways falls can affect older adults. Check those that apply to you. Write down other items not listed. This is *your* list.

- I have had broken bones, muscle strain, bruising, and/or skin cuts or tears.
- I have had to seek medical care due to a fall.
- I have a fall that caused moderate to significant pain.
- I am not able to get around as much as I need or would like.
- I am afraid of falling again.
- I am not able to enjoy doing the things that I enjoy doing.
- I feel anxious about going outside.
- I am isolated.
- People worry about me falling.
- Recovery from my falls can be slow.
- I have medical bills or other expenses because of a fall.
- I am frustrated with my lack of mobility.
- Other: _____
- Other: _____
- Other: _____