

Description of Your Falls

Description of the Fall

Please provide the details of your falls so we can understand what is causing them. Think about a recent fall and answer the following:

When was this fall? _____

Date (approximate) _____

Time of Day _____

Where were you when you fell? _____

Think about the following questions and then in the box below write down everything you can remember about the fall:

- What were you doing before you fell?
- How did you feel just before?
- How did you feel going down?
- What part of your body hit?
- What did it strike?
- How long were you down for?
- What was injured?
- How did you get up?
- Anything else you recall?
- Do you think you passed out?

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Please answer the following questions about how you felt before this fall:

Questionnaire

	Yes	No
Were you dizzy?	<input type="checkbox"/>	<input type="checkbox"/>
Did the room spin around?	<input type="checkbox"/>	<input type="checkbox"/>
Did your vision blur?	<input type="checkbox"/>	<input type="checkbox"/>
Did your heart skip?	<input type="checkbox"/>	<input type="checkbox"/>
Did you feel weak?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pass out?	<input type="checkbox"/>	<input type="checkbox"/>
Did you feel like you might pass out?	<input type="checkbox"/>	<input type="checkbox"/>
Were you wearing shoes?	<input type="checkbox"/>	<input type="checkbox"/>
Was it dark where you fell?	<input type="checkbox"/>	<input type="checkbox"/>

If you have had other falls different from this fall, please describe those as well. Use the back of the paper if you need to.

Thank you.