

Story of Your Falls

Description of the Fall

We need to hear the details of your falls so we can understand what is causing them. Think about a recent fall and answer the following questions.

When was this fall? _____

Date (approximate) _____ Time of Day _____

Where were you when you fell? _____

Think about all of the items listed below. 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?

Questionnaire

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

	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, describe those too. Use the back of the paper if you need to.