

Falls Prevention Program - 6/20/08 (Town of Tonawanda Senior Center)

Balance Self-Assessment

Which of the following have you experienced recently?

Answer Options	Response Percent	Response Count
Balance is affected by eating or drinking certain foods	0.0%	0
Balance is thrown off by loud noises	1.3%	1
*Bump into things more than usual	22.8%	18
*Dizzy or lightheaded after exercising or straining	10.1%	8
*Dizzy or lightheaded when moving from a sitting to a standing position	16.5%	13
*Dizzy or unsteady after moving head quickly or rolling over in bed	12.7%	10
*Dizzy or unsteady because of difficulty judging distances when walking or driving	10.1%	8
Dizzy when looking up close then looking far away (such as reading then watching TV)	5.1%	4
Double vision	3.8%	3
*Fall in the past year	27.8%	22
*Feel unbalanced or about to fall	32.9%	26
See flashing lights and spots and feel disoriented	5.1%	4
Sudden loss of vision in one or both eyes	1.3%	1
Vision sometimes gets wavy	5.1%	4
*Walk funny or feel like movement continues after being in a car, train, plane or elevator	29.1%	23
None of the above	31.6%	25
<i>answered question</i>		79
<i>skipped question</i>		0