

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

Medication Self-Assessment

Which of the following types of medications have you taken in the past week?

Answer Options	Response Percent	Response Count
* Blood pressure medication	59.5%	47
* Heart medication (e.g. for irregular rhythm, congestive heart failure, or angina)	19.0%	15
Medication for anxiety or nervousness	8.9%	7
Medication for depression	8.9%	7
Medication for Parkinson's Disease	0.0%	0
Medication for urine incontinence or leakage	7.6%	6
Narcotic pain medication (for example, Darvocet, Duragesic patch, hydrocodone, Lortab, Roxicet)	7.6%	6
* Over-the-counter allergy medication	10.1%	8
Over-the-counter cold remedy	2.5%	2
Over-the-counter sleeping pill (for example, Tylenol PM, Advil PM , other)	6.3%	5
Prescription sleeping pill	3.8%	3
Seizure medication	0.0%	0
* "Water" pill	40.5%	32
None of the above	22.8%	18
<i>answered question</i>		79
<i>skipped question</i>		0