



Self-Screening Checklist

NOT Falling for You is a community exercise program led by volunteers.

It is **not** a medical or rehabilitation program.

The program is suitable for older adults who are at low or moderate risk of having a fall and are without health conditions that make participation in the program inadvisable.

- This checklist will help you decide if it is a suitable program for you.
- If you are unsure how to answer, select **Yes**.

Your Balance & Fall History

- Yes No Have you fallen in the past year?
- Yes No Do you feel unsteady when standing or walking?
- Yes No Do you worry about falling?
- Yes No Have you been told you are at high risk of falling?

Your Health

- Yes No Do you have chest pain, dizziness, or feel lightheaded during activity?
- Yes No Do you have pain, stiffness, or swelling that limits your movement?
- Yes No Do you have any concerns about starting an exercise program?

About Your Mobility

- Yes No Do you have difficulty walking across a room either with or without the use of a mobility aid (e.g. cane)?
- Yes No Do you have difficulty getting up from a chair even when using your hands?
- Yes No Are you **unable** to walk across an intersection in the time allowed by the crosswalk light?

Turn over...

What Your Answers Mean

If you answered **NO** to all questions, this program is likely suitable for you.

If you answered **YES** to any question, you should talk to with your healthcare provider prior to starting the program.

To learn about clinical programs in your area, you can call the province-wide **Rehabilitation Advice Line: 1-833-379-0563.**

Important Notes

- This program is volunteer-led and leaders do not assess medical conditions
- You are responsible for deciding whether this program is appropriate for you

If you are unsure, it's always safest to check with a healthcare provider before starting.

If your health changes, please review this checklist again.

Acknowledgement

I have reviewed and understand this checklist.

I understand this checklist does not replace medical advice.

Name: _____

Signature: _____

Date: _____