

## Horizon Balance & Dizziness Center

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\*This is in no way intended as a diagnosis. This self-test is only to help you determine if you are at risk. Please consult a physician for a diagnosis or referral.\*

**Answer yes or no to each question.**

- Have you fallen more than once in the past year?**
- Do you take medicine for two or more of the following diseases: heart disease hypertension, arthritis, anxiety, and depression?**
- Do you feel dizzy or unsteady if you make sudden changes in movement such as bending down or turning quickly?**
- Do you have blackouts or seizures?**
- Have you experience a stroke or other neurological problem that has affected your balance?**
- Do you experience numbness or loss of sensation in your legs and/or feet?**
- Do you use a walker or wheel chair, or do you need assistance to get around?**
- Are you inactive? (Answer yes if you do not participate in a regular form of exercise, such as walking or exercising 20-30 minutes at least three times a week)**
- Do you feel unsteady when you are walking, climbing stairs?**
- Do you have difficulty sitting down or rising from a seated or lying position?**

**\*If you answered “yes” to one or more of the above questions, then you could have a balance problem and may need therapy. Consult with your physician.\***