

Falls and Safety

***1. To allow us to link your responses to this evaluation with other information you have provided and may provide in the future as a part of this project, please provide your university/institutional e-mail address:**

***2. Please provide your university/institutional ID code/number (if available):**

***3. Please enter your last name:**

***4. Please enter the name of the city in which you were born:**

***5. I am:**

- Male
- Female

***6. What is your primary field of study?**

- Nursing
- Nutrition/Dietetics
- Physical therapy
- Athletic training
- Social work

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7. How is balance conceptualized?

- the ability to maintain one's center of mass within the base of support in a given sensory environment
- an individual's capacity to respond quickly to trip hazards
- the ability to use proprioception to avoid falling

8. Which of the following situations contribute to a client's functional balance? (check all that apply)

- A client is required to complete her grocery shopping in a store that is under construction where there are several free-standing shelving units in unexpected places.
- A client suffers from peripheral neuropathy and has decreased sensation in the soles of his feet.
- A client is caring for his grandchildren for the afternoon and needs to complete several tasks at the same time while preparing an afternoon snack.
- A client is unable stand up, walk 10 meters, turn around and walk back to the starting point in less than 12 seconds.

9. Which of the following is NOT an intrinsic factor that impacts balance and fall risk.

- a client's inactivity
- poor lighting in a client's home
- dizziness or vertigo
- incontinence

10. From the following list of possible risk factors, please check the top 5 risk factors for falling.

- | | |
|---|--|
| <input type="checkbox"/> Incontinence | <input type="checkbox"/> Visual deficits (e.g. presbyopia) |
| <input type="checkbox"/> Inactivity | <input type="checkbox"/> Arthritis |
| <input type="checkbox"/> Polypharmacy | <input type="checkbox"/> Gait deficits |
| <input type="checkbox"/> Muscle weakness | <input type="checkbox"/> Balance deficits |
| <input type="checkbox"/> Advanced age | <input type="checkbox"/> Wearing flip-flops |
| <input type="checkbox"/> A history of falling | <input type="checkbox"/> Use of assistive devices |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Peripheral neuropathy |

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15. What barrier(s) do you anticipate experiencing that could limit your ability to practice interprofessional and collaborative care of patients in your future career?

