

SCORECARD

Name: _____ Age: _____
 Address: _____
 City: _____ Zip Code: _____
 Phone Number: _____ Email: _____

Challenge Activities

Point
tracking

20 POINTS FOR EACH CHALLENGE

- ☐ 1. Complete a medication review
- ☐ 2. Annual Primary Care Physician (PCP) appointment
- ☐ 3. Schedule a vision/hearing screening
- ☐ 4. Learn about a Medical Alert System
- ☐ 5. Put together a Go-Bag

15 POINTS FOR EACH CHALLENGE

- ☐ 6. Check/replace your smoke alarms
- ☐ 7. Complete a Falls Risk Assessment
- ☐ 8. Develop an escape plan
- ☐ 9. Share a fall story
- ☐ 10. Keep track of your water intake
- ☐ 11. Declutter your living area
- ☐ 12. Install grab bars in the bathroom

10 POINTS FOR EACH CHALLENGE

- ☐ 13. Complete a Communication Plan
- ☐ 14. Home Safety Risk Assessment
- ☐ 15. Read an article on Falls Prevention
- ☐ 16. Complete a shoe audit
- ☐ 17. Install night lights

5 POINTS FOR EACH CHALLENGE

- ☐ 18. Go for a walk. Number of walks _____
- ☐ 19. At-home exercise or activity. Number of sessions _____
- ☐ 20. Watch Falls Prevention videos
- ☐ 21. Share the challenge with a friend

TOTAL POINTS _____

ANNE ARUNDEL COUNTY



Department of Aging and Disabilities

Falls Prevention Awareness Challenge

Falling is not a normal part of aging

Schedule an
annual PCP
appointment

Complete a
Falls Risk
Assessment

Create a
communication
plan

Schedule a
vision or
hearing
screening

Complete a
medication
review

Complete a
shoe audit

Complete a
home safety
assessment

Develop an
escape plan

Go for a walk or
complete 10-20
minutes of indoor
exercise

Watch NCOA
falls
prevention
videos



JOIN THE CHALLENGE TO IMPROVE YOUR HEALTH AND REAP THE REWARDS

Every participant who completes and returns the scorecard will be entered to win prizes

CHALLENGE RULES

Your challenge is to complete as many of the fall prevention tasks as possible in the month of September. Instructions for each challenge are listed below. Find your scorecard on the back page of this pamphlet and keep track of your points. Each task is worth a set amount of points. Some activities (like daily exercise) may be completed as many times as you like.

Every player will be entered to win prizes. You will receive a bonus raffle ticket if you score greater than 200 points.

To participate you must:

- Be at least 60 years of age
- Turn in your scorecard at your nearest Senior Center by September 30!

Or Mail to: Clemie Pizzillo - Evidence Based Programs Coordinator
Anne Arundel County Department of Aging and Disabilities
2666 Riva Rd. Annapolis, MD 21401

CHALLENGE INSTRUCTIONS

1. **Complete a medication review:** Certain medications have side effects which can increase your risk for falling. Contact your doctor or pharmacist to review your medications.
2. **Annual Primary Care Appointment:** Schedule or write the date of your last appointment within the past year: _____
3. **Schedule a Vision/Hearing Screening:** Schedule or write the date of your last appointment within the past year: _____
4. **Learn about a Medical Alert System:** _____
5. **Put together a Go Bag:** In the event of an emergency you need to be prepared and ready to go. For ideas visit: www.ready.gov/kit
6. **Check/replace your smoke alarms:** Call your local fire department if you need assistance replacing batteries or a smoke detector.
7. **Falls Risk Assessment:** Visit ncoa.org/article/falls-free-checkup to complete your assessment and record your score here: _____
8. **Develop an escape plan:** In the event of fire, time matters. Draw an escape plan to get out of your home quickly. Attach it to the scorecard
9. **Share a Fall Story:** Write a story about a time you fell and what you learned from the experience. Attach it to the scorecard.

10. **Keep track of your water intake:** Being dehydrated puts you at risk for feeling dizzy and falling. Number of ounces you drink per day _____
11. **Declutter your living area:** Cluttered floors can cause you to trip and lose your balance. Room you decluttered _____
12. **Install grab bars in the bathroom:** Grab bars can prevent falls and potential injuries. They can assist you in case of dizziness or loss of balance, get up and down from the toilet seat or in and out of the shower. Date installed _____
13. **Complete a Communication Plan:** Choose someone you trust: a friend, family member, neighbor - and discuss what to do if you fall.
14. **Home safety Risk Assessment:** Check all that apply:
____Are there papers, shoes, books, or other objects on the stairs?
____Are some steps broken or uneven, or is the carpet loose or torn?
____Are there lights and switches at the top and bottom of the stairs?
____Are the handrails loose or broken or on only one side of the stairs?
____Do you have to walk over wires or around furniture?
____Do you have throw rugs on the floor?
____Are the things you use often on high shelves?
____If you use a step stool, is it sturdy?
____Is the light near the bed hard to reach?
____Is the path from your bed to the bathroom dark?
____Is the tub or shower floor slippery?
____Do you need support to get in/out of the tub, up from the toilet?
15. **Read an article on Falls Prevention:** Name one thing you learned _____
16. **Complete a shoe audit:** Do your shoes: ____have a beveled heel
____fit properly ____have room for the toes ____have textured soles
17. **Install night lights:** Date installed _____
18. **Go for a walk:** Spend some time outdoors. 5 points for each walk.
19. **At-home exercise or activity:** Spend 20+ minutes doing something active at home: gardening, decorating, exercising, stretching, or anything that gets you moving. 5 points for each session.
20. **Watch Falls Prevention Videos:** Name one thing you learned _____
21. **Share the challenge with a friend:** Friend's name _____