

# CHECK YOUR HEALTH SCORE

Keeping healthy is about protecting yourself from injuries, staying strong, and managing health issues that can affect your quality of life. Answer the questions below to see if you should seek help from your primary care provider (PCP) to help you feel your best.



## WHAT'S YOUR RISK OF FALLING?

1. Have you fallen in the past year?

Yes	No	Score
+1	+0	

2. Does poor vision affect your balance or ability to walk?

Yes	No	Score
+1	+0	

3. Do you worry about falling?

Yes	No	Score
+1	+0	

4. Add a point for the activities you do and total the score.

Climb stairs	Use bathroom without grab bars	Walk on slippery or uneven surfaces	None	Score
+1	+1	+1	+0	

5. Select the number that reflects how often dizziness affects your balance or walking. Add the score that describes you.

Daily	Once a week	Once a month	Never	Score
+4	+3	+2	+1	

## WHAT'S YOUR PHYSICAL ACTIVITY LEVEL?

1. Do you have a hard time climbing up or going down the stairs?

Yes	No	Score
+1	+0	

2. Do you experience pain while engaging in activities?

Yes	No	Score
+1	+0	

Additional questions on back...

## WHAT'S YOUR PHYSICAL ACTIVITY LEVEL?

3. Select the weekly physical activity level that describes you.

<b>Not active</b>	Seated for most of the day with <b>less than 30 minutes of physical activity per week</b>	<b>+4</b>
<b>Light</b>	Stretching, tai chi, or slow walking <b>less than 75 minutes a week</b>	<b>+3</b>
<b>Moderate</b>	Brisk walking, low-impact exercise <b>at least 90 minutes a week</b>	<b>+2</b>
<b>Very active</b>	Brisk walking, jogging, swimming, or stair climbing <b>at least 150 minutes per week</b>	<b>+1</b>
	<b>Score</b>	

4. Are you able to complete living tasks such as grocery shopping, bathing, and cooking?

<b>Cannot do any tasks</b>	<b>Can do some tasks with effort</b>	<b>Can do all tasks with effort</b>	<b>Can do all tasks with little effort</b>	<b>Score</b>
<b>+4</b>	<b>+3</b>	<b>+2</b>	<b>+1</b>	

## HOW'S YOUR BLADDER HEALTH?

1. Select the option that reflects how often you have experienced urine leakage in the past 6 months.

<b>Once a day</b>	<b>Once a week</b>	<b>1-4 times per year</b>	<b>Never</b>	<b>Score</b>
<b>+4</b>	<b>+3</b>	<b>+2</b>	<b>+1</b>	

2. Does urinary incontinence affect your daily life (such as leading to depression, social withdrawal, or sleep deprivation)?

<b>Very much</b>	<b>Moderately</b>	<b>Slightly</b>	<b>Not at all</b>	<b>Score</b>
<b>+4</b>	<b>+3</b>	<b>+2</b>	<b>+1</b>	

**Add Up Your Total Score and Share This with Your Provider**

<b>Risk of Falling</b>	<b>Physical Activity</b>	<b>Bladder Health</b>	<b>Score</b>