

TAKE CHARGE!

SUBMISSION FORM

INSTRUCTIONS: **STEP 1:** Print this 1 page document | **STEP 2:** Enter your contact info and complete chosen activities and then fill out boxes by entering the applicable info (*date/tip/etc*) | **STEP 3:** Return 1 page document via mail or email **BY OCTOBER 7th, 2022** to be eligible to win!

NAME	PHONE #	ADDRESS	EMAIL ADDRESS

<p>Register for a strength/balance class Class Start Date: <input type="text"/></p>	<p>Watch the 6 Steps to Prevent a Fall Date Watched: <input type="text"/></p>	<p>Get rid of throw rugs Date Tossed: <input type="text"/></p>	<p>NCOA: Falls Free CheckUp Date Completed: <input type="text"/></p>	<p>Install grab bars in appropriate places within the home OR confirm that your already placed grab bars are in the right location Date Installed/Checked: <input type="text"/></p>
<p>Discuss with a healthcare provider about ways to reduce your fall risk Date Discussed: <input type="text"/></p>	<p>Register for a Tai Chi class Class Start Date: <input type="text"/></p>	<p>Read the Falls Prevention Conversation Guide for Caregivers Date Read: <input type="text"/></p>	<p>Schedule an annual wellness appointment (<i>or have had one in the past year</i>) Appointment Date: <input type="text"/></p>	<p>Osteoporosis screening done at least once since age 65 Year Scheduled/Completed: <input type="text"/></p>
<p>Complete Home Safety Assessment Date Completed: <input type="text"/></p>	<p>Share 2 falls prevention tips with a friend Topic of Tips Shared: <input type="text"/> <input type="text"/></p>	<p>Look at the EXPLANATION OF CATEGORIES to support your journey! Date reviewed: <input type="text"/></p>	<p>Read Debunking the Myths of Older Adult Falls Date Read: <input type="text"/></p>	<p>Schedule a vision appointment (<i>or have had one in the past year</i>) Appointment Date: <input type="text"/></p>
<p>Schedule a hearing appointment (<i>or have had one in the past year</i>) Appointment Date: <input type="text"/></p>	<p>Purchase night lights or a flashlight to brighten your walkways at night Date Purchased: <input type="text"/></p>	<p>Share 2 home fall risk reduction tips with a family member Topic of Tips Shared: <input type="text"/> <input type="text"/></p>	<p>Register for a yoga class Class Start Date: <input type="text"/></p>	<p>Read about Vitamin D Date Read: <input type="text"/></p>
<p>Check your footwear tread Date Checked: <input type="text"/></p>	<p>Schedule a med & supplement review (<i>or have had one in the past year</i>) Appointment Date: <input type="text"/></p>	<p>Complete a Balance screening Date Scheduled/Completed: <input type="text"/></p>	<p>Invite a friend to join you in TAKE CHARGE! Date Invited: <input type="text"/></p>	<p>Register for a falls prevention class Class Start Date: <input type="text"/></p>