

Ambulatory Falls Prevention Program

Answer Sheet for Falls Prevention Quiz

Name: _____ **Date:** _____

Note: A passing score requires at least 10 correct answers.

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

The above person passed the quiz.

Checked by Falls Prevention Champion (Name): _____

Date: _____