

Checklist for Personal Considerations for Vertigo

You can complete the highlighted fields on this form online and then print the form for easy reference. Only text that is visible on the form is printed; scrolled text will not print. Any text you enter into these fields will be cleared when you close the form; you cannot save it.

Print out this checklist, write the date on it, and check off the item if you have done it. Do this once a month to see how you are progressing with personal safety considerations in case of an attack of vertigo. Try to get all items checked.

Personal considerations

Date:

I have explained to my family, friends, and work colleagues that I experience vertigo. They know what might happen during an episode and how they can help.

I know the side effects of my medications and whether any affect my sense of balance.

I try to avoid driving, working at heights, or operating dangerous machinery.

I use a cane or walker if necessary.

I wear nonskid, low-heeled shoes.

I don't wear shoes with thick and heavy soles.

I keep my shoes tied.

I avoid walking around the house in slippers or socks.

In fall or winter, I promptly clear wet leaves and snow or ice off walkways.



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