# FALL RISK ASSESSMENT

*For screening purposes-not a substitute for professional medical evaluation**

## SECTION 1 - HISTORY

- ☐ HAVE YOU FALLEN IN THE LAST YEAR?
- ☐ WERE YOU INJURED IN ANY FALL?
- ☐ DO YOU FEEL UNSTEADY WHEN STANDING OR WALKING?
- ☐ DO YOU WORRY ABOUT FALLING?

## SECTION 2 - PHYSICAL HEALTH

- ☐ DIFFICULTY WITH BALANCE OR WALKING
- ☐ WEAKNESS IN LEGS OR ARMS
- ☐ VISION PROBLEMS (BLURRY, DOUBLE VISION, POOR DEPTH PERCEPTION
- ☐ DIZZINESS OR LIGHTHEADEDNESS
- ☐ FOOT PAIN OR NUMBNESS

## SECTION 3 - MEDICATIONS

- ☐ TAKING 4 OR MORE PRESCRIPTION MEDICATIONS
- ☐ TAKING SEDATIVES, TRANQUILIZERS, OR ANTIDEPRESSENTS
- ☐ RECENT CHANGES IN MEDICATION OR DOSAGE

## SECTION 4 - HOME ENVIRONMENT

- ☐ CLUTTERED WALKWAYS OR LOOSE RUGS
- ☐ POOR LIGHTING IN HALLWAYS OR STAIRS
- ☐ NO GRAB BARS IN BATHROOM
- ☐ NO HANDRAILS ON STAIRS

# SCORING

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## ASSIGN 1 POINT FOR EACH CHECKED BOX

**0-2 POINTS**: LOW RISK

**3-5 POINTS**: MODERATE RISK – CONSIDER PREVENTATIVE MEASURES

**6+ POINTS**: HIGH RISK – SEEK PROFESSIONAL EVALUATION

## RECOMMENDED NEXT STEPS:

- REVIEW MEDICATIONS WITH YOUR HEALTHCARE PROVIDER
- SCHEDULE A VISION CHECK
- ADD SAFETY FEATURES AT HOME (GRAB BARS, BETTER LIGHTING)
- ENGAGE IN BALANCE AND STRENGTH EXERCISES

*If you'd like help reviewing home safety or setting up care that fits your family's needs, contact us now!*

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