



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 ANTIDEPRESSANTS
- ☐ 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



HOW TO CALCULATE RISK

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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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