

# ANYONE CAN FALL

*Prevent it from happening to you*

## Staying Independent Checklist

Falls are one of the main reasons many older adults lose their autonomy. To help determine your risk of falling, you should consult your primary care provider at least once a year.

Before your next appointment, you are also encouraged to answer the statements on the reverse side of this page to evaluate your own risk of falling. Remember to bring this self-screening checklist with you since it may be used by your primary care provider (family physician or nurse practitioner) to help guide the discussion about your personal fall risk factors. Your provider may ask about the following:

- Previous falls in the past year
- If you are worried about falling
- Any problems with your feet and footwear
- If you feel unsteady when standing or walking
- Any difficulties with your vision and hearing
- Medications that you are taking

**FALLS ARE NOT A NORMAL PART OF AGING.**
***Talk to your health care provider if you have had a fall.***

Finding Balance NOVA SCOTIA Trauma NB

# Check Your Risk for Falling

| Circle "Yes" or "No" for each statement below | | | Why it matters |
|---|---|---|---|
| **Yes (2)** | **No (0)** | I have fallen in the past 6 months. | People who have fallen once are likely to fall again. |
| **Yes (2)** | **No (0)** | I use or have been advised to use a cane or walker to get around safely. | People who have been advised to use a cane or walker may already be more likely to fall. |
| **Yes (1)** | **No (0)** | Sometimes I feel unsteady when I am walking. | Unsteadiness or needing support while walking are signs of poor balance. |
| **Yes (1)** | **No (0)** | I steady myself by holding onto furniture when walking at home. | This is also a sign of poor balance. |
| **Yes (1)** | **No (0)** | I am worried about falling. | People who are worried about falling are more likely to fall. |
| **Yes (1)** | **No (0)** | I need to push with my hands to stand up from a chair. | Strengthening your leg muscles can reduce your risk of falling and being injured. |
| **Yes (1)** | **No (0)** | I have some trouble stepping up onto a curb. | This is also a sign of weak leg muscles. |
| **Yes (1)** | **No (0)** | I often have to rush to the toilet. | Rushing to the bathroom, especially at night, increases your chance of falling. |
| **Yes (1)** | **No (0)** | I have lost some feeling in my feet. | Numbness in your feet can cause stumbles and lead to falls. |
| **Yes (1)** | **No (0)** | I take medicine that sometimes makes me fee light headed or more tired than usual. | Side effects from medicines can sometimes increase your chance of falling. |
| **Yes (1)** | **No (0)** | I take medicine to help me sleep or improve my mood. | These medicines can sometimes increase your chance of falling. |
| **Yes (1)** | **No (0)** | I often feel sad or depressed. | Symptoms of depression, such as not feeling well or feeling slowed down, are linked to falls. |
| **TOTAL** _____ | | **Answer the statements above then add up the number of points for each "yes" answer. If you scored 4 points or more, you may be at risk for falling. Remember to bring this checklist to your primary healthcare provider to discuss your risk factors.** | |

This checklist was developed by the Greater Los Angeles VA Geriatric Research Education Clinical Center and affiliates and assessment tool (Rubenstein et al. J Safety Res; 2011: 42(6)493-499). Adapted with permission of the authors.