

Staying Independent Checklist

Please Circle "Yes" or "No" for each statement below

<p>I have fallen in the last 6 months</p> <p>Recommendation: Learn more on how to reduce your fall risk, as people who have fallen are more likely to fall again.</p>	<p>Yes (2) No (0)</p>
<p>I use or have been advised to use a cane or walker to get around safely.</p> <p>Recommendation: Talk with a physiotherapist about the most appropriate walking aid for your needs.</p>	<p>Yes (2) No (0)</p>
<p>Sometimes, I feel unsteady when I am walking.</p> <p>Recommendation: Exercise to build up your strength and improve your balance, as this is shown to reduce the risk for falls.</p>	<p>Yes (1) No (0)</p>
<p>I steady myself by holding onto furniture when walking at home.</p> <p>Recommendation: Incorporate daily balance exercises and reduce home hazards that might cause a trip or slip.</p>	<p>Yes (1) No (0)</p>
<p>I am worried about falling.</p> <p>Recommendation: Knowing how to prevent a fall can reduce fear and promote active living.</p>	<p>Yes (1) No (0)</p>
<p>I need to push with my hands to stand up from a chair.</p> <p>Recommendation: Strengthening your muscles can reduce your risk of falling and being injured.</p>	<p>Yes (1) No (0)</p>
<p>I have some trouble stepping up onto a curb.</p> <p>Recommendation: Daily exercise can help improve your strength and balance.</p>	<p>Yes (1) No (0)</p>

Please Circle "Yes" or "No" for each statement below

<p>I often have to rush to the toilet.</p> <p>Recommendation: Talk with your doctor or incontinence specialist about solutions to decrease the need to rush to the toilet.</p>	<p>Yes (1) No (0)</p>
<p>I have lost some feeling in my feet.</p> <p>Recommendation: Talk with your doctor or podiatrist, as numbness in the feet can cause stumbles and falls.</p>	<p>Yes (1) No (0)</p>
<p>I take medicine that sometime makes me feel light-headed or more tired than usual.</p> <p>Recommendation: Talk with your doctor or pharmacist about medication side effects that may increase the risk of falls.</p>	<p>Yes (1) No (0)</p>
<p>I take medicine to help me sleep or improve my mood.</p> <p>Recommendation: Talk with your doctor or pharmacist about safer alternatives for a good night's sleep.</p>	<p>Yes (1) No (0)</p>
<p>I often feel sad or depressed.</p> <p>Recommendation: Talk with your doctor about symptoms of depression and help with finding positive solutions.</p>	<p>Yes (1) No (0)</p>
<p>Add up the number of points in parentheses for each "yes" response.</p> <ul style="list-style-type: none"> ➤ If you scored 3 or less and HAVE NOT fallen, you are at low risk of falling. ➤ *If you scored 3 or less and HAVE fallen in the last year, you may be at risk of falling. ➤ If you scored 4 points or more, you may be at risk for falling. ➤ Discuss this checklist with your doctor to find ways to reduce your risk. 	<p>Total:</p>

The above checklist was developed by the Greater Los Angeles VA Geriatric Research Education Clinical Center and affiliates and is a validated fall risk self-assessment tool (Vivrette, Rubenstein, Martin, Josephson & Kramer, 2011).