



You can prevent a fall



# Staying Independent

## Self-Assessment Checklist

| Check Your Risk for Falling                       |        |   | Actions to Staying Independent   |
|---|--------|---|--|
| Please indicate "Yes" or "No" for each statement. |        |   |  |
| Yes (2)   | No (0) | I have fallen in the last 6 months.   | Learn more on how to reduce your fall risk, as people who have fallen are more likely to fall again.         |
| Yes (2)   | No (0) | I use or have been advised to use a cane or walker to get around safely.  | Talk with a physiotherapist about the most appropriate walking aid for your needs.                           |
| Yes (1)   | No (0) | Sometimes, I feel unsteady when I am walking.   | Exercise to build up your strength and improve your balance, as this is shown to reduce the risk for falls.  |
| Yes (1)   | No (0) | I steady myself by holding onto furniture when walking at home.   | Incorporate daily balance exercises and reduce home hazards that might cause a trip or slip.                 |
| Yes (1)   | No (0) | I am worried about falling.   | Knowing how to prevent a fall can reduce fear and promote active living.                                     |
| Yes (1)   | No (0) | I need to push with my hands to stand up from a chair.  | Strengthening your muscles can reduce your risk of falling and being injured.                                |
| Yes (1)   | No (0) | I have some trouble stepping up onto a curb.  | Daily exercise can help improve your strength and balance.   |
| Yes (1)   | No (0) | I often have to rush to the toilet.   | Talk with your doctor or incontinence specialist about solutions to decrease the need to rush to the toilet. |
| Yes (1)   | No (0) | I have lost some feeling in my feet.  | Talk with your doctor or podiatrist, as numbness in the feet can cause stumbles and falls.                   |
| Yes (1)   | No (0) | I take medicine that sometimes makes me feel light-headed or more tired than usual.   | Talk with your doctor or pharmacist about medication side effects that may increase the risk of falls.       |
| Yes (1)   | No (0) | I take medicine to help me sleep or improve my mood.  | Talk with your doctor or pharmacist about safer alternatives for a good night's sleep.                       |
| Yes (1)   | No (0) | I often feel sad or depressed.  | Talk with your doctor about symptoms of depression and help with finding positive solutions.                 |
| <b>Total</b>                                      |        | Add up the number of points for each "yes" response. If you scored 4 points or more, you may be at risk for falling. Discuss this screener with your doctor to find ways to reduce your risk. |  |

**Stay safe and stay on your feet!**

**With some planning you CAN prevent a fall and maintain your health and your independence.**

\*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). This brochure is adapted with the permission of J.Stevens, R.Vivrette, J.Kramer, & L. Rubenstein.