Staying Independent Checklist

Please Circle "Yes" or "No" for each statement below	
I have fallen in the last 6 months Recommendation: 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. Recommendation: Talk with a physiotherapist about the most appropriate walking aid for your needs.	**Yes (2)** **No (0)**
Sometimes, I feel unsteady when I am walking. Recommendation: 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. Recommendation: Incorporate daily balance exercises and reduce home hazards that might cause a trip or slip.	**Yes (1)** **No (0)**
I am worried about falling. Recommendation: 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. Recommendation: 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. Recommendation: Daily exercise can help improve your strength and balance.	**Yes (1)** **No (0)**

TURN OVER...

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Please Circle "Yes" or "No" for each statement below	
I often have to rush to the toilet. Recommendation: 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. Recommendation: Talk with your doctor or podiatrist, as numbness in the feet can cause stumbles and falls.	**Yes (1) No (0)**
I take medicine that sometime makes me feel light-headed or more tired than usual. Recommendation: 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. Recommendation: 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. Recommendation: Talk with your doctor about symptoms of depression and help with finding positive solutions.	**Yes (1) No (0)**
Add up the number of points in parentheses for each "yes" response. • 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.	**Total:**

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).