

Fall Risk Assessment

Circle the best possible response to the following questions:

1. I go to the doctor for reasons other than a physical	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
2. I am on two or more medications	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
3. I take high blood pressure medication	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
4. I do physical activity more than once a week	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
5. I have trouble doing physical activity	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
6. I need help standing up	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
7. I can get myself out of bed	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
8. I live alone	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
9. I have fallen before	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
10. I have been in the hospital for a fall	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
11. I have difficulty reading signs	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
12. I wear shoes with a good grip	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
13. I can walk in a clear path from my bed to the door	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
14. I own a pet that doesn't stay in a cage	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
15. I restrict my activities because I'm afraid of falling	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
16. I am 65 or older	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

Risk Assessment Answer Key

1. Yes (1)	No (0)
2. Yes (1)	No (0)
3. Yes (1)	No (0)
4. Yes (0)	No (1)
5. Yes (1)	No (0)
6. Yes (1)	No (0)
7. Yes (0)	No (1)
8. Yes (1)	No (0)
9. Yes (1)	No (0)
10. Yes (1)	No (0)
11. Yes (1)	No (0)
12. Yes (0)	No (1)
13. Yes (0)	No (1)
14. Yes (1)	No (0)
15. Yes (1)	No (0)
16. Yes (1)	No (0)

High Risk: 10-17 points **Moderate Risk:** 4-9 points **Low Risk:** 0-3 points