Fall Risk Assessment

*This 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 (Rubenstein et al. J Safety Res;2011:42(6)493-499).

Yes	🗌 No	I have fallen in the past year.
		People who have fallen once are likely to fall again.
🗌 Yes	🗌 No	I use or have been advised to use a cane or walker to get around safely.
		People who have fallen once are likely to fall again.
🗌 Yes	🗌 No	Sometimes I feel unsteady when I am walking.
		Unsteadiness or needing support while walking are signs of poor balance.
Yes	🗌 No	I steady myself by holding onto furniture when walking at home.
		This is also a sign of poor balance.
Yes	🗌 No	I am worried about falling.
		People who are worried about falling are more likely to fall.
Yes	🗌 No	I need to push with my hands to stand up from a chair.
		This is a sign of weak leg muscles, a major reason for falling.
🗌 Yes	🗌 No	I have some trouble stepping up onto a curb.
		This is also a sign of weak leg muscles.
Yes	🗌 No	I often have to rush to the toilet.
		_ Rushing to the bathroom, especially at night, increases your chance of falling.
Yes	No No	I have lost some feeling in my feet.
		Numbness in your feet can cause stumbles and lead to falls.
Yes	🗌 No	I take medicine that sometimes makes me feel light-headed or tired.
F		Side effects from medicines can sometimes increase your chance of falling.
Yes	No No	I take medicine to help me sleep or improve my mood.
1		_ These medicines can sometimes increase your chance of falling.
Yes	No No	I often feel sad or depressed.
		Symptoms such as not feeling well or feeling slowed down, are linked to falls.
Yes	No No	

Total:

Patient: Test Billing 9/26/2017

If you scored 4 or higher, you may be at risk for falling. Discuss your results with your doctor.