

## FALL RISK SELF-ASSESSMENT

Name: \_\_\_\_\_ Date: \_\_\_\_\_

This Questionnaire is intended to provide you with an indication as to your level of risk for having a debilitating fall. In each section, assess yourself based on the options provided and then simply fill in the score for the option you've chosen in the space on the right. After scoring each section, add all of the numbers up for a total score.

		<b>SCORE</b>
AGE _____	60-70 Years.....	1
	71-80 Years.....	2
	81 Years and older.....	3
HOSPITALIZED PAST 12 MONTHS _____	Yes.....	1
	No.....	0
MENTAL ACUITY _____	Forgetful.....	1
	Impulsive.....	2
	Disoriented.....	3
GAIT & MOBILITY _____	Free of Challenges.....	0
	Uses cane or walker.....	1
LOSS OF BALANCE OR WEAKNESS _____	Occasionally.....	1
	Often.....	2
	Fall in last 3 months.....	3

ELIMINATION

Sense of Urgency..... 1

\_\_\_\_\_

Requires Assistance..... 2 \_\_\_\_\_

Incontinence..... 3

\_\_\_\_\_

MEDICATIONS

Currently taking anti-depressants or medications that may impair thought process, cause vertigo, lower blood pressure or cause other central nervous system alterations..... 1

\_\_\_\_\_

Laxatives or Diuretics..... 2 \_\_\_\_\_

**TOTAL POINTS**

\_\_\_\_\_

\_\_\_\_\_

**0-5 POINTS = LOW RISK**

**6-8 POINTS = MODERATE RISK 8+ POINTS = HIGH RISK**