



TOOL:

How to know someone's risk of falling

Personal fall risk assessment

Use this questionnaire to start understanding a person's risk of falling.

You can complete this questionnaire with the person you care for or on their behalf, as needed. Each year, re-take the questionnaire to see if there are any changes.

✓ (score)	Check your risk of falling	Why it matters
(2)	I have fallen in the past year.	People who have fallen once are likely to fall again.
(2)	I use or have been advised to use a cane or walker to get around safely.	People who have been advised to use a cane or walker may already be more likely to fall.
(1)	Sometimes I feel unsteady when I am walking.	Unsteadiness or needing support while walking are signs of poor balance.
(1)	I steady myself by holding onto furniture when walking at home.	This is a sign of poor balance.
(1)	I am worried about falling.	People who are worried about falling are more likely to fall.
(1)	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.
(1)	I have some trouble stepping up onto a curb.	This is a sign of weak leg muscles.
(1)	I often have to rush to the toilet.	Rushing to the bathroom, especially at night, increases your chance of falling.
(1)	I have lost some feeling in my feet.	Numbness in your feet can cause stumbles and lead to falls.
(1)	I take medication that sometimes makes me feel light-headed or more tired than usual.	Side effects from medications can sometimes increase your chance of falling.
(1)	I take medication to help me sleep or improve my mood.	These medications can sometimes increase your chance of falling.
(1)	I often feel sad or depressed.	Symptoms of depression, such as not feeling well or feeling slowed down, are linked to falls.
(1)	I have difficulty avoiding hazards in my path because I don't see well.	Vision impairment can increase your risk of falling.
<input type="text"/>	Total Score (Add up the number of points from each answer)	

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How to interpret the results

If the score is 4 or more: High risk

You have high personal risk factors of a fall. Talk to your primary healthcare provider (doctor or nurse practitioner), occupational therapist or physiotherapist about these results. They will be able to provide recommendations specific to you and your home.

If the score is 3 or less: Low risk

You have low personal risk factors. However, there may be other possible risk factors specific to you that are not captured by this questionnaire (such as hearing loss). Consult your primary healthcare provider (doctor or nurse practitioner), occupational therapist or physiotherapist if you have any concerns.



Tip: There are a variety of professionals who can be a part of your care team and can help prevent falls. For more information on professionals and how to access them, see Chapter 6: Building your care team.

Checklist adapted from: Finding Balance Alberta, Injury Prevention Centre and University of Alberta.

This checklist is a validated fall risk self-assessment tool (Rubenstein et al. J Safety Res; 2011: 42(6)493-499).