# MY FALL RISK ASSESSMENT

You may not know it, but you could be at risk of falling. Early detection is important to avoid injury. Knowing ahead of time is essential to maintaining mobility and independence. People who are concerned with staying active and healthy are taking steps to ensure they are protected against the risks of falling.

If you are over the age of 50 please take a couple of minutes to complete this questionnaire. The results will serve as a guide to inform you as to how safe you are from falling and the areas in which you might improve. If you have osteoporosis, your risk of injury may be higher.

Then take a moment to discuss it with your health professional. Doctors, Nurses, Physiotherapists, Occupational Therapists and Pharmacists can provide advice and assistance to get you the right services.

| | YES | NO |
|---|---|---|
| **My history of falling:** | YES | NO |
| I have had at least one fall in the last 6 months | ☐ | ☐ |
| **About my medications:** | YES | NO |
| I regularly take sleeping tablets or tranquillizers or antidepressants | ☐ | ☐ |
| I take 4 or more different types of medications each day | ☐ | ☐ |
| **About my levels of exercise:** | YES | NO |
| I do less than 30 minutes of physical activity in a day on most days of the week (such as housework, gardening or bowls) | ☐ | ☐ |
| **About my balance and walking:** | YES | NO |
| I have difficulty getting up from my chair | ☐ | ☐ |
| I feel unsteady when walking | ☐ | ☐ |
| My foot/feet are painful or swollen | ☐ | ☐ |
| **About my health conditions:** | YES | NO |
| I have, or previously had the following: | | |
| Problems with my heart, blood pressure, or circulation | ☐ | ☐ |
| A stroke | ☐ | ☐ |
| Diabetes | ☐ | ☐ |
| Parkinson's Disease | ☐ | ☐ |
| Dizziness or light headed | ☐ | ☐ |
| A need to rush to the toilet | ☐ | ☐ |
| A recent major change in my health | ☐ | ☐ |
| **About my eyesight:** | YES | NO |
| I have poor eyesight | ☐ | ☐ |
| It has been more than 2 years since my eyes were last tested | ☐ | ☐ |

If you have answered YES for more than one of these questions, please discuss this questionaire during your next appointment with your Health Professional