

Check Your Risk for Falling

Please circle "Yes" or "No" for each statement below.

Why it Matters.

Yes (2)	No (0)	I have fallen in the past year.	People who have fallen once are likely to fall again.
Yes (2)	No (0)	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.
Yes (1)	No (0)	Sometimes I feel unsteady when I am walking.	Unsteadiness or needing support while walking are signs of poor balance.
Yes (1)	No (0)	I steady myself by holding onto furniture when walking at home.	This is also a sign of poor balance.
Yes (1)	No (0)	I am worried about falling.	People who are worried about falling are more likely to fall.
Yes (1)	No (0)	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 (1)	No (0)	I have some trouble stepping up onto a curb.	This is also a sign of weak leg muscles.
Yes (1)	No (0)	I often have to rush to the toilet.	Rushing to the bathroom, especially at night, increases your chances of falling.
Yes (1)	No (0)	I have lost some feeling in my feet.	Numbness in your feet can cause stumbles and lead to falls.
Yes (1)	No (0)	I take medicine that sometimes makes me feel light-headed or more tired than usual.	Side effects from medicines can sometimes increase your chances of falling.
Yes (1)	No (0)	I take medicine to help me sleep or improve my mood.	These medicines can sometimes increase your chance of falling.
Yes (1)	No (0)	I often feel sad or depressed.	Symptoms of depression, such as not feeling well or feeling slowed down, are linked to falls.

Total: _____

Add up the number of points for each "yes" answer. If you scored 4 points or more, you may be at risk for falling. Discuss this brochure with your doctor.



If you answered “**Yes**” to multiple questions, you may be at risk of falling. For more information or to schedule a free Home Safety Assessment, please complete the information below.

Please Print

Name: _____

Address: _____

Phone: _____ Cell: _____

Email: _____

I am interested in the following: (***Please check all that apply***)

- Free Home Safety Assessment**
- Accessibility Ramps**
- Safety Grab Bars**
- Non-Slip Surface Treatment for Floors, Tub, Shower**
- Bath Safety Products (Shower Chair, Commode Lift, Hand-held Shower)**
- Mobility Aids**

For more information, visit
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