

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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