

## Fall Risk Self-Assessment

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. It is suggested that you take advantage of the FREE Risk Assessment Interview if you have scored six (6) points or higher.

		SCORE
AGE	60-70 YEARS.....1	_____
	71-80 YEARS.....2	_____
	81 YEARS AND UP.....3	_____
HOSPITALIZED IN THE PAST 12 MONTHS	YES.....1	_____
	NO.....0	_____
MENTAL ACUITY	FORGETFUL.....1	_____
	IMPULSIVE.....2	_____
	DISORIENTED.....3	_____
GATE & MOBILITY	FREE OF CHALLENGES.....0	_____
	USES CANE OR WALKER.....1	_____
LOSS OF BALANCE/WEAKNESS	OCCASIONALLY.....1	_____
	OFTEN.....2	_____
	FALL IN LAST 3 MONTHS.....3	_____
ELIMINATION	SENSE OF URGENCY.....1	_____
	REQUIRE ASSISTANCE.....2	_____
	INCONTINENCE.....3	_____
MEDICATIONS	Currently taking antidepressants or medications that may impair thought process, cause vertigo, lower blood pressure, cause 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**