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Fall Risk Assessment

*This checklist was developed by the Greater Los Angeles VA Geriatric Research Education Clinical Center and affiliates and is a validated fall risk self-assessment tool (Rubenstein et al. J Safety Res;2011:42(6)493-499).

Yes No I have fallen in the past year.
People who have fallen once are likely to fall again.

Yes No I use or have been advised to use a cane or walker to get around safely.
People who have fallen once are likely to fall again.

Yes No Sometimes I feel unsteady when I am walking.
Unsteadiness or needing support while walking are signs of poor balance.

Yes No I steady myself by holding onto furniture when walking at home.
This is also a sign of poor balance.

Yes No I am worried about falling.
People who are worried about falling are more likely to fall.

Yes No 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 No I have some trouble stepping up onto a curb.
This is also a sign of weak leg muscles.

Yes No I often have to rush to the toilet.
Rushing to the bathroom, especially at night, increases your chance of falling.

Yes No I have lost some feeling in my feet.
Numbness in your feet can cause stumbles and lead to falls.

Yes No I take medicine that sometimes makes me feel light-headed or tired.
Side effects from medicines can sometimes increase your chance of falling.

Yes No I take medicine to help me sleep or improve my mood.
These medicines can sometimes increase your chance of falling.

Yes No I often feel sad or depressed.
Symptoms such as not feeling well or feeling slowed down, are linked to falls.

If you answer yes to four or more questions, you may be at risk for falling.
Discuss your results with your doctor.

Name

_____/_____/_____
Date