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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

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Date