

Fall Risk Assessment

The purpose of this form is to provide a rough estimate of your risk of falling. Answer the questions below by placing an X in the option that best describes you. Please select only one option per question.

1. What age group do you belong to?

- under 75 years (0 p.)
- 75–84 years (1 p.)
- 85 years of age or older (2 p.)

2. Have you fallen in the past 12 months?

- (Falling means slipping, stumbling, tumbling)
- No (0 p.)
 - Yes, 1 time (2 p.)
 - Yes, 2 or more times (4 p.)

3. Do you think your balance is good and do you feel safe when moving?

- Yes, I feel safe moving without any aids inside and outside (0 p.)
- Yes, with aids (1 p.)
- No, I feel unsafe about my balance and/or movement (2 p.)

4. Do you need help in coping with daily chores and activities?

- (dressing, washing, household chores such as cooking and cleaning, going to the shop, and managing your affairs)
- No, I can handle everything myself (0 p.)
 - Yes, I need some help with some chores (1 p.)
 - Yes, I need a lot of help (2 p.)

Some illnesses increase the risk of falling. These include (among others):

- heart disease
- diabetes
- Parkinson's disease
- Vertigo
- Osteoporosis
- impaired vision
- memory disorder
- stroke
- respiratory disease
- sensory loss in the lower limbs
- musculoskeletal disorder (e.g. osteoarthritis, joint replacement in lower limbs)

5. Do you have any of the above conditions?

- No (0 p.)
- Yes, one (1 p.)
- Yes, two or more (2 p.)

6. How often do you engage in physical activity?

- 3 times a week or more for at least 30 minutes at a time (0 p.)
- 1–2 times a week for at least 30 minutes at a time (1 p.)
- Occasionally, or not at all (2 p.)

Add up the number of points received from all the questions. _____ points

- 0 p. Your fall risk is not elevated.
- 1–5 p. Your fall risk is elevated.
- 6–8 p. Your fall risk is clearly elevated. *A professional assessment is recommended.*
- 9–14 p. Your fall risk is great. *A professional assessment is required.*

To be completed by the giver of the form:

date ___/___/20___

- no additional actions are needed
- instructed to increase physical activity (exercise instructions)
- informed of suitable exercise groups
- given material related to the topic
- recommendation was given to seek a more thorough professional assessment of fall risk

