Name:_____ **Age:**_____ **Phone:** _____

Fall Risk Check List for September 30, 2025 – *Only Leaves Should Fall*

Fall Risk Factor Identified	Factor Present?	Notes
Falls History		
Any falls in the past year?	☐ Yes ☐ No	
Worries about falling or feels unsteady when standing or walking?	☐ Yes ☐ No	
Risk for Falls Survey Score ≥ 4 points	☐ Yes ☐ No	
Foot problems or foot wear issues?	☐ Yes ☐ No	
Gait, Strength & Balance		
4-Stage Balance Test Full tandem stance < 10 seconds	☐ Yes ☐ No	
Gait Safety: Timed Up and Go Test (TUG) Time ≥ 12 seconds Signs of unsteadiness? **Yes / No**	☐ Yes ☐ No	
Strength: 30-Second Chair Stand Test Number of stands: _____ Below average score for age/gender?	☐ Yes ☐ No	
Medical Issues		
Postural Hypotension A decrease in systolic BP ≥ 20 mmHg **or** a diastolic BP of ≥ 10 mmHg **or** lightheadedness or dizziness from lying to standing	☐ Yes ☐ No	
Problems with heart rate or rhythm?	☐ Yes ☐ No	
Incontinence problems?	☐ Yes ☐ No	
Vision Acuity < 20/40 **OR** no eye exam in > 1 yr	☐ Yes ☐ No	
Medications		
Any psychoactive medications, medications with anticholinergic side effects, and/or sedating OTCs (e.g., Benadryl, Tylenol PM)?	☐ Yes ☐ No	
Not using a vitamin D/Calcium supplement?	☐ Yes ☐ No	
Bone Health	☐ Yes ☐ No	
Cognition		
Brain Health (Short Blessed Test) Score ≥ 8	☐ Yes ☐ No	
Home Safety		
Home safety concerns?	☐ Yes ☐ No	
Assistive Technology		

Modified from STEADI (Stopping Elderly Accidents, Deaths and Injuries) Fall Risk Checklist

I am at a_____ Falls Risk

(Low / Moderate / High)

Understanding My Risk for Falls:

Low Risk	• Understand your personal risk factors • Vitamin D +/- Calcium • Strength & balance exercises (community exercise or fall prevention program)
Moderate Risk	• Understand your personal risk factors • Vitamin D +/- Calcium • Physical Therapy to improve gait, strength and balance **OR** • Community fall prevention program
High Risk	• Understand your personal risk factors • See MD for a multifactorial falls risk assessment • Vitamin D +/- Calcium • Referral to Physical Therapy enhance gait, strength and balance • Individualized interventions to address risk factors (modify medications, optimize vision, optimize home safety, manage and monitor hypotension)

My Action Plan for reducing my fall risk - 1

What I would like to do: _____

How I would like to do this: _____

When?_____ **With whose help?** _____

How confident I am in succeeding: (not at all) 0 1 2 3 4 5 6 7 8 9 10 (very confident)

My follow-up plan is: _____

My Action Plan for reducing my fall risk - 2

What I would like to do: _____

How I would like to do this: _____

When?_____ **With whose help?** _____

How confident I am in succeeding: (not at all) 0 1 2 3 4 5 6 7 8 9 10 (very confident)

My follow-up plan is: _____

Community Resources:

Area Agency on Aging - Dane County www.dcdhs.com/Area-Agency-on-Aging (608) 261-9930	**Safe Communities**: www.safecommunities.org Click on the "Programs" then "Falls Prevention" tab to find community programs, resources and fall prevention classes. (608) 441-3060
Aging and Disability Resource Center http://www.daneadrc.org/ (608) 240-7400	**AgeBetter's Safe at Home Program (FREE home safety assessments):** https://agebettertoday.org/safe-at-home/ 608-230-4445