

# Fall Risk Checklist For Caregivers

Answer each question with “Yes” or “No” as it applies to your loved one.



## Question:

1. Is the person you care for 65 or older?
2. Does s/he have 3 or more current health issues that have been diagnosed by a doctor?
3. Has s/he fallen in the past 3 months?
4. Has s/he had any recent incontinence episodes? This includes both daytime and night-time leakage, as well as trouble making it to the bathroom in time.
5. Does the person you care for have vision problems? If s/he has a prescription for glasses or contacts, mark yes if they are not always worn around the house.
6. Does s/he have any difficulty with day-to-day activities such as getting dressed, brushing teeth and hair, bathing, going to the bathroom, eating or preparing meals? This includes using a cane, walker or wheelchair to move around.
7. Are there dimly lit areas, pets, clutter or other items in the home that can trip your loved one? This includes missing or dim light bulbs, lamp cords, medical equipment tubes, uneven floors or stairs, items that need a step stool to be retrieved, throw rugs and anything stacked on the floor.
8. Does s/he take 4 or more prescription drugs?
9. Does the person you care for experience any pain with movement? This includes both permanent pain with a specific movement, or pain that comes and goes.
10. Does s/he have any issues with memory or confused thinking? This includes people who show symptoms of dementia or Alzheimer's, who are easily confused, or who seem to have poor judgment or memory.

Yes No

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Total Score:

Yes\_\_\_\_\_ No\_\_\_\_\_

**\*If you answered “Yes” to 4 or more questions, your loved one has a high risk of falling. Please refer to the fall prevention tips.**

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