

**I. Fall Risk Assessment Questionnaire**

1.	Does your doctor ask you about falls?  Almost always <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely <input type="checkbox"/> Almost never <input type="checkbox"/>			
		<b>YES</b>	<b>NO</b>	<b>Unsure</b>
2.	Have you ever had a fall?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Are you worried that you might fall? If yes, why? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Do you have trouble getting out of a chair or feel unsteady when you walk? If yes, please describe: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Do you feel dizzy when you get up from a bed or chair? If yes, please describe (eg dizzy, lightheadedness etc) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Do you have any problems with your feet such as pain or numbness? If so, please describe: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Do you have any problems with your vision? If yes, please describe: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	When was the last time you saw an eye doctor?  <b>Date:</b> _____ <b>Doesn't know</b> <input type="checkbox"/>			
9.	What kind of footwear do you generally wear when you go out and when you are at home? Please describe: _____			

**II. Please list any medications that patient is taking which belong to the high risk medication classes that contribute to falls**

### III. Fall Risk Assessment Worksheet

<b>1. Orthostatic Vital Signs</b>			
a.	Have your mentor lie down on the examining table. After 5 minutes take your mentor's pulse and blood pressure.	<b>Heart Rate</b> _____	<b>Blood Pressure</b> _____
b.	Ask your mentor to stand up. Assist them if necessary. Does your mentor feel dizzy?  If yes, this is consistent with orthostatic lightheadedness	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
c.	After 3 minutes, take your mentor's pulse and blood pressure again while they remain standing. * Remember that BP is a more sensitive indicator of orthostasis than HR in older adults	<b>Heart Rate</b> _____	<b>Blood Pressure</b> _____
d.	Does systolic blood pressure drop by more than 20 mmHg or diastolic blood pressure by 10 mmHG? If so, then this is consistent with postural hypotension.	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
<b>2. Three-Chair Rise Test</b>			
a.	<u>Ask you mentor to:</u> Fold arms in seated position Rise from chair and then sit down (initial trial) Repeat rise and sitting three times while you time it.	<b>Completed</b> <input type="checkbox"/> <input type="checkbox"/> <b>Time: sec</b>	<b>Unable/Declines</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
b.	Test performance >10 seconds, 39% chance of losing one ADL in 1 year	<10 sec <input type="checkbox"/>	>10 sec <input type="checkbox"/>
<b>3. Timed Up and Go Test</b>			
a.	<u>While you time it, ask your mentor to:</u> Rise from chair without using arms Walk 10 feet Turn 180 degrees Walk back to chair and sit down.	<b>Completed</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>Time: sec</b>	<b>Unable/Declines</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
b.	Test performance >11 seconds, 34% chance of losing one ADL in 1 year	<11 sec <input type="checkbox"/>	>11 sec <input type="checkbox"/>
<b>4. Observed Gait and Balance</b>			
a.	Walking path is straight, with steady turns	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/> <b>Comment:</b>
b.	Heel of swing foot hits the floor first and swing foot passes the stable foot by at least one length.	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/> <b>Comment:</b>
c.	Steady getting up from a chair and sits down without plopping.	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/> <b>Comment:</b>