

## Home Safety/Fall Prevention Checklist

Have you fallen in the last year? Yes  No

1a. If you have fallen were you injured? Yes  No

1b. If you were injured, where did you fall? How did you fall? \_\_\_\_\_

Do you currently take multiple medications? Yes  No

Do you have throw rugs in your home? Yes  No

Are you afraid of falling? Yes  No

If yes, do you limit your activities due to this fear? Yes  No

If you have 1 or more YES marked above, you may be at risk for falling.

YES	NO	N/A	
			Do you keep unnecessary clutter off the floor?
			Is there a phone near the floor in case you fall and can't get up?
			Do you have well lighted paths into your home?
			Do you have adequate lighting at night from your bedroom to the bathroom?
			Do you keep a flashlight or light next to your bed?
			Can you turn on lights in each room without having to walk into a dark room?
			Do you wear sturdy flat or low-heeled shoes?
			Do you have handrails near stairs or ramps?
			Are all of your handrails tight and secure?
			Do you use assistive devices given by your physician or therapist correctly?
			Do you keep frequently used items in easily accessible places?
			Do you have nonskid strips in the tub or shower?
			Is it easy for you to get up from or get onto low surfaces such as the commode?
			Do you get up slowly after you have been sitting or lying down?
			Do you exercise regularly?
			Have you had your vision checked in the past year?
			If you take multiple medications, has your physician reviewed all of your medicines to make sure they are not making you dizzy or unsteady?
			Do you have a plan in place in case you do fall?
			If you live alone, do you make contact with someone everyday (friend, relative?)

If you have 1 or more NO marked above, you may be at risk for falling.

We hope this guide will assist you in making changes.