



FIRST RESPONSE SYSTEM.COM

Live Customer Assistance: (866) 930-1130

Fall Risk Self-Test – Check Your Risk for Falling

First Response System has created our own “Fall Risk Self-Test” as an important first step in assessing your risk level to experience a first time fall or a recurring fall. Please consult with your primary physician or local health care provider once you have completed this test form to determine your point score, level of risk for falling and to receive customized recommended fall prevention interventions.

Circle “Yes” or “No” for each statement below. Points are indicated in parenthesis.

- Yes (2); No (0) I have fallen in the last 6-12 months.
- Yes (2); No (0) I use or have been advised to use a cane or walker.
- Yes (2); No (0) I have floor clutter and/or limited pathways at home.
- Yes (1); No (0) Sometimes I feel unsteady when I walk.
- Yes (1); No (0) I steady myself by holding onto furniture at home.
- Yes (1); No (0) I experience/have anxiety that I expect to fall.
- Yes (1); No (0) I need to push with my hands to rise from a chair or bed.
- Yes (1); No (0) I have some trouble stepping up to a curb or step/stair.
- Yes (1); No (0) I often have to rush to the bathroom.
- Yes (1); No (0) I have lost some feeling in my feet.
- Yes (1); No (0) I take medication that sometimes makes me light-headed, dizzy and/or tired.
- Yes (1); No (0) I take medication to help me sleep, reduce anxiety or improve my mood.
- Yes (1); No (0) I often feel sad or depressed.

Total Score: _____

Add up the number of points for each “Yes” answer to calculate your Total Score. If you scored (4) points or more, you may be at a risk for falling. If you scored (6) points or more, you are at a higher risk of falling.