If you or someone you care for is 65 or over, this is a helpful tool to find out whether there is a potential risk of falling.

Please answer the questions below.

If you answer yes, add a ‘1’ in the left column. If you answer no, add a ‘0’ to the right column. Then add up your score and see a ‘what next’ summary below.

|  |  |  |
| --- | --- | --- |
| **Section A** | **Yes (1)** | **No (0)** |
| Do you have difficulty getting to the loo in time at home? |  |  |
| Are you unsteady or have you had a fall in the past year? |  |  |
| Are you finding it more difficult to remember things? |  |  |
| Are people around you worried about your memory? |  |  |

|  |  |  |
| --- | --- | --- |
| **Section B** | **Yes (1)** | **No (0)** |
| Are you aged over 85? |  |  |
| Are you male? |  |  |
| Do you have any health problems that limit your activities? |  |  |
| Do you need someone to help you on a regular basis? |  |  |

|  |  |  |
| --- | --- | --- |
| **Section B** | **Yes (1)** | **No (0)** |
| Do you have any health problems that require you to stay at home |  |  |
| Can you count on someone in time of need? |  |  |
| Do you often use a stick, frame or wheelchair to get around? |  |  |
| **Please add up all of your scores:** | **Total:** | |

# What next?

**I scored three or less**

You’re not currently considered to be at a high risk of losing your independence or falling if you answered the questions in this form and:

* your total score added up to three or less
* you haven’t had any falls in the past year
* you don’t have any problems with getting to the toilet
* you are not experiencing memory problems

Find tips and advice for staying safe below.

* See our fall prevention page for advice and tips on staying healthy and active at home or out and about.
* Go to your local library and pick up a ‘Healthy Ageing’ booklet, or [download a copy here](https://www.england.nhs.uk/wp-content/uploads/2015/09/hlthy-ageing-brochr.pdf).
* Visit the community exercise programme list on our website.

**I scored four or more**

You’re considered to be at risk of losing your independence or falling if you answered the questions in this form and:

* your total score added up to four or more
* you have fallen in the past year
* you find it difficult to get to the toilet in time at home
* you are finding it hard to remember things

We’d like to find out more about your needs so that you can be offered the help you need to stay healthy. Please contact practice nurse or GP.

CATCH THEM BEFORE

THEY FALL