

- 8. Do you often hurry to the restroom? (1 point)
- 9. Have you lost some or all of the feeling in your feet or legs? (1 point)
- 10Do you take medicine that makes you feel tired or dizzy? (1 point)
- 11 Do you take medicine to help you sleep or improve your mood? (1 point)
- 12 Do you often feel sad or depressed? (1 point)

If you answered "yes" to multiple questions and have a score above 4 points, you may be at risk for falling. If you feel you are at risk for falling you should contact your primary care physician.

If you would like more help filling out the Fall Risk Checklist reach out to Hannah Hollingshead (1-800-582-7277 Extension 247) to have an Occupational Therapy student assist you.

The checklist can been accessed by clinking the link below: <u>https://www.cdc.gov/steadi/pdf/STEADI-Brochure-StayIndependent-508.pdf</u>

enters for Disease Control and Prevention. (2017). Stay independent [Brochure]. https://www.cdc.gov/steadi/pdf/STEADI-Brochure-StayIndependent-508.pdf