

My Falls-Free Plan

Name: _____ Date: _____

As we grow older, gradual health changes and some medications can cause falls, but many falls can be prevented. Use this to learn what to do to stay active, independent, and falls-free.

Check "Yes" if you experience this (even if only sometimes)	No	Yes	What to do if you checked "Yes"
Have you had any falls in the last six months?			<input type="checkbox"/> Talk with your doctor(s) about your falls and/or concerns. <input type="checkbox"/> Show this checklist to your doctor(s) to help understand and treat your risks, and protect yourself from falls.
Do you take four or more prescription or over-the-counter medications daily?			<input type="checkbox"/> Review your medications with your doctor(s) and your pharmacist at each visit, and with each new prescription. <input type="checkbox"/> Ask which of your medications can cause drowsiness, dizziness, or weakness as a side effect. <input type="checkbox"/> Talk with your doctor about anything that could be a medication side effect or interaction.
Do you have any difficulty walking or standing?			<input type="checkbox"/> Tell your doctor(s) if you have any pain, aching, soreness, stiffness, weakness, swelling, or numbness in your legs or feet— don't ignore these types of health problems. <input type="checkbox"/> Tell your doctor(s) about any difficulty walking to discuss treatment. <input type="checkbox"/> Ask your doctor(s) if physical therapy or treatment by a medical specialist would be helpful to your problem.
Do you use a cane, walker, or crutches , or have to hold onto things when you walk?			<input type="checkbox"/> Ask your doctor for training from a physical therapist to learn what type of device is best for you, and how to safely use it.
Do you have to use your arms to be able to stand up from a chair?			<input type="checkbox"/> Ask your doctor for a physical therapy referral to learn exercises to strengthen your leg muscles. <input type="checkbox"/> Exercise at least two or three times a week for 30 min.
Do you ever feel unsteady on your feet, weak, or dizzy?			<input type="checkbox"/> Tell your doctor, and ask if treatment by a specialist or physical therapist would help improve your condition. <input type="checkbox"/> Review all of your medications with your doctor(s) or pharmacist if you notice any of these conditions.
Has it been more than two years since you had an eye exam?			<input type="checkbox"/> Schedule an eye exam every two years to protect your eyesight and your balance.
Has your hearing gotten worse with age , or do your family or friends say you have a hearing problem?			<input type="checkbox"/> Schedule a hearing test every two years. <input type="checkbox"/> If hearing aids are recommended, learn how to use them to help protect and restore your hearing, which helps improve and protect your balance.
Do you usually exercise less than two days a week? (for 30 minutes total each of the days you exercise)			<input type="checkbox"/> Ask your doctor(s) what types of exercise would be good for improving your strength and balance. <input type="checkbox"/> Find some activities that you enjoy and people to exercise with two or three days/week for 30 min.
Do you drink any alcohol daily?			<input type="checkbox"/> Limit your alcohol to one drink per day to avoid falls.
Do you have more than three chronic health conditions? (such as heart or lung problems, diabetes, high blood pressure, arthritis, etc. Ask your doctor(s) if you are unsure.)			<input type="checkbox"/> See your doctor(s) as often as recommended to keep your health in good condition. <input type="checkbox"/> Ask your doctor(s) what you should do to stay healthy and active with your health conditions. <input type="checkbox"/> Report any health changes that cause weakness or illness as soon as possible.

The more "Yes" answers you have, the greater your chance of having a fall. **Be aware of what can cause falls, and take care of yourself to stay independent and falls-free!**