



## Meals on Wheels and Senior Outreach Services

# FALL PREVENTION CHECKLIST AND RESOURCE GUIDE



### **DON'T LET A FALL CHANGE YOUR LIFE!**

Falls are the leading reason seniors lose their independence. However, falls are preventable through exercise, medication management, eye exams and home modifications. Use this guide to assess your risk, evaluate your home and locate resources to make your home safer so as to prevent a fall and maintain your independence.

**(925) 937-8311**

**[www.mowsos.org](http://www.mowsos.org)**



# HOME SAFETY CHECKLIST

The following checklist will help you evaluate how well equipped your home is to prevent falls and maintain your independence.

Each question you answer “No” to presents an opportunity for improvement to reduce your risk of falling. Contact one of the resources listed on the back for assistance in addressing the hazards you have identified.

| Stairs   |   | Yes                      | No                       | Don't Know               | Doesn't Apply            |
|--|---|--------------------------|--------------------------|--------------------------|--------------------------|
|    | <b>1. Are sturdy handrails provided on both sides?</b><br><i>Railings on both sides provide confidence whether going up or down.</i>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <b>2. Are the stairs in good repair and free of clutter?</b><br><i>Worn carpeting and obstructions will contribute to a fall.</i>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <b>3. Are the steps in good condition and clearly marked?</b><br><i>Worn Vision and depth perception diminish with age. Many falls occur as a result of missing the last step. Contrasting colors and non-slip surfaces can help prevent falls.</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <b>4. Is lighting adequate with switches at both the top and bottom?</b><br><i>Lighting is important everywhere and especially on stairs.</i>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Bedroom  |   | Yes                      | No                       | Don't Know               | Doesn't Apply            |
|   | <b>1. Is the pathway between the bed and bathroom clear of obstructions and clutter grab bars installed in the bathing area?</b><br><i>The second most common location for a fall in the home is next to your bed.</i>                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <b>2. Is your path to the bathroom lighted?</b><br><i>Automatic or continuous lighting is the best. Nightlights will do the trick.</i>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <b>3. Do you have a phone that is easily reachable from bed?</b><br><i>Many falls occur when we rush to answer the phone.</i>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <b>4. Is it easy for you to get in and out of bed?</b><br><i>Adjusting the mattress height or installing a bedside pole may help.</i>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <b>5. Do you keep a flashlight at your bedside?</b><br><i>Flashlights are helpful in the event of a power outage.</i>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Bathroom   |   | Yes                      | No                       | Don't Know               | Doesn't Apply            |
|  | <b>1. Are grab bars installed in the bathing area?</b><br><i>Railings on both sides provide confidence whether going up or down.</i>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <b>2. Can you get on and off the toilet easily without assistance?</b><br><i>If not, commode rails or grab bars can help.</i>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <b>3. Do you have night lights?</b><br><i>Night time trips to the bathroom are the most dangerous. Proper lighting can help.</i>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <b>4. Does the tub/shower floor have non-slip strips or a bath mat?</b><br><i>Night time trips to the bathroom are the most dangerous. Proper lighting can help.</i>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <b>5. Do you have a shower chair (bath bench) or hand-held shower?</b><br><i>Sitting while bathing is safer and easier especially when using a hand-held shower.</i>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



# Self Assessment

Answer the following questions for an indication of your relative risk of falling (check yes or no box for each question).

|   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| <b>1. Have you ever fallen this morning?</b><br><i>Individuals who have fallen are more likely to fall again.</i>   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>2. Has your fear of falling impacted your daily activities?</b><br><i>The fear of falling often initiates a downward spiral of health and independence.</i>  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>3. Are you taking four or more medications each day?</b><br><i>Have ALL of your medications reviewed by your doctor. Sometimes medications negatively interact, causing increased dizziness and decreased muscle strength.</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>4. Do you have difficulty rising from a chair without using your arms?</b><br><i>Loss of leg strength reduces your ability to recover from a near fall.</i>  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>5. Has it been more than one year since your last eye exam?</b><br><i>A proper eye glass prescription is essential to minimizing your fall risk.</i>   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>6. Do you occasionally support yourself by grabbing onto furniture and fixtures?</b><br><i>Doing so is an indicator of reduced stability (a risk for falling).</i>   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>7. Are you over the age of sixty five?</b><br><i>Age is a predictor but need not be a definitive measure of the risk of falling.</i>   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>8. Do you exercise less than three times per week?</b><br><i>Physical activity maintains leg strength and greatly reduces the risk of falling. ALWAYS speak to your doctor before beginning an exercise program.</i>           | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>9. Are you reluctant to ask for assistance with challenging activities?</b><br><i>Asking for help is a sign of strength not a sign of weakness.</i>  | <input type="checkbox"/> | <input type="checkbox"/> |

**NOTE: Answering “Yes” to two or more of these questions means that you are at significant risk of falling.**

**ADD UP YES COLUMN AND ENTER TOTAL IN BOX**

## Resources

The organizations listed below perform home safety assessments and practical home safety modifications (e.g. installation of grab bars, smoke detectors and stair railings) in Contra Costa County.

|                              | Phone          | Website              | Assessments                         | Modifications                         | No Cost / Sliding Scale             |
|------------------------------|----------------|----------------------|-------------------------------------|---------------------------------------|-------------------------------------|
| CCC Fire Protection District | 925.941.3327   | www.cccfpd.org       | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/>   | <input checked="" type="checkbox"/> |
| Home Safety Services         | 1.888.388.3811 | www.homesafety.net   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/>   |                                     |
| Fall Prevention Service      | 925.937.8311   | www.mowsos.org       | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/>   | <input checked="" type="checkbox"/> |
| Independent Living Resource  | 925.363.7293   | www.ilr.org          | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> * | <input checked="" type="checkbox"/> |
| Safe at Home Services        | 925.360.1909   | www.safe-at-home.com | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/>   |                                     |

\* = modifications are limited to organizing and clutter removal

= smoke detection installation only