



FALLS AT HOME

Check for Safety: A Home Fall Prevention Checklist for Older Adults

The Centers for Disease Control have stated that:

- Each year, one in every three adults age 65 and older falls.
- Falls can cause moderate to severe injuries, such as hip fractures and head traumas, and can increase the risk of early death. Fortunately, falls are a public health problem that is largely preventable.

The problem is significant.

- One out of three older adults (those aged 65 or older) falls each year.
- Among older adults, falls are the leading cause of both fatal and nonfatal injuries.
- In 2010, 2.3 million nonfatal fall injuries among older adults were treated in emergency departments and more than 662,000 of these patients were hospitalized and the direct medical costs of falls, adjusted for inflation, were \$30 billion.

The effects from falling include:

- Twenty to thirty percent of people who fall suffer moderate to severe injuries such as lacerations, hip fractures, or head traumas, affecting the ability to get around or live independently, and increase the risk of early death.
- Falls are the most common cause of traumatic brain injuries (TBI)
- Most fractures among older adults are caused by falls.
- Many people who fall, even if they are not injured, develop a fear of falling. This fear may cause them to limit their activities, which leads to reduced mobility and loss of physical fitness, and in turn increases their actual risk of falling.

How can older adults prevent falls?

Older adults can stay independent and reduce their chances of falling by:

- Exercising regularly. It is important that the exercises focus on increasing leg strength and improving balance, and that they get more challenging over time. Tai Chi programs are especially good.
- Asking their doctor or pharmacist to review their medicines—both prescription and over-the counter—to identify medicines that may cause side effects or interactions such as dizziness or drowsiness.
- Having their eyes checked by an eye doctor at least once a year and update their eyeglasses to maximize their vision. Consider getting a pair with single vision distance lenses for some activities such as walking outside.
- Making their homes safer by reducing tripping hazards, adding grab bars inside and outside the tub or shower and next to the toilet, adding railings on both sides of stairways, and improving the lighting in their homes.
- Reducing hip fracture risks by:
 - Getting adequate calcium and vitamin D—from food and/or from supplements.
 - Doing weight bearing exercise.
 - Getting screened and, if needed, treated for osteoporosis.

INFORMATION FROM:

<http://www.cdc.gov/homeandrecreationalafety/falls/adultfalls.html>

For more information go to:

Center for Disease Control Website:

<http://www.cdc.gov/HomeandRecreationalSafety/Falls/index.html>



FALL CHECKLIST

This Fall Checklist will help to identify hazards found in each room of your home. For each hazard, the checklist tells you how to fix the problem. At the end of the checklist, you'll find other tips for preventing falls.

FLOORS: *Look at the floor in each room.*

Q: When you walk through a room, do you have to walk around furniture?

Ask someone to move the furniture so your path is clear.

Q: Do you have throw rugs on the floor?

Remove the rugs or use double-sided tape or a non-slip backing so the rugs won't slip.

Q: Are there papers, books, towels, shoes, magazines, boxes, blankets, or other objects on the floor?

Pick up things that are on the floor. Always keep objects off the floor.

Q: Do you have to walk over or around wires or cords (like lamp, telephone, or extension cords)?

Coil or tape cords and wires next to the wall so you can't trip over them. If needed, have an electrician put in another outlet.

STAIRS AND STEPS: *Look at the stairs you use both inside and outside your home.*

Q: Are there papers, shoes, books, or other objects on the stairs?

Pick up things on the stairs. Always keep objects off stairs.

Q: Are some steps broken or uneven?

Fix loose or uneven steps.

Q: Are you missing a light over the stairway?

Have an electrician put in an overhead light at the top and bottom of the stairs.

Q: Do you have only one light switch for your stairs (only at the top or at the bottom of the stairs)?

Have an electrician put in a light switch at the top and bottom of the stairs. You can get light switches that glow.

Q: Has the stairway light bulb burned out?

Have a friend or family member change the light bulb.

Q: Is the carpet on the steps loose or torn?

Make sure the carpet is firmly attached to every step, or remove the carpet and attach non-slip rubber treads to the stairs.

Q: Are the handrails loose or broken? Is there a handrail on only one side of the stairs?

Fix loose handrails or put in new ones. Make sure handrails are on both sides of the stairs and are as long as the stairs.

KITCHEN: Look at your kitchen and eating area.

Q: Are the things you use often on high shelves?

Move items in your cabinets. Keep things you use often on the lower shelves (about waist level).

Q: Is your step stool unsteady?

If you must use a step stool, get one with a bar to hold on to. Never use a chair as a step stool.

BATHROOMS: Look at all your bathrooms.

Q: Is the tub or shower floor slippery?

Put a non-slip rubber mat or self-stick strips on the floor of the tub or shower.

Q: Do you need some support when you get in and out of the tub or up from the toilet?

Have a carpenter put grab bars inside the tub and next to the toilet.

BEDROOMS: Look at all your bedrooms.

Q: Is the light near the bed hard to reach?

Place a lamp close to the bed where it's easy to reach.

Q: Is the path from your bed to the bathroom dark?

Put in a night-light so you can see where you're walking. Some night-lights go on by themselves after dark.

Other Things You Can Do to Prevent Falls

- Exercise regularly. Exercise makes you stronger and improves your balance and coordination.

- Have your doctor or pharmacist look at all the medicines you take, even over-the-counter medicines. Some medicines can make you sleepy or dizzy.
- Have your vision checked at least once a year by an eye doctor. Poor vision can increase your risk of falling.
- Get up slowly after you sit or lie down.
- Wear shoes both inside and outside the house. Avoid going barefoot or wearing slippers. Avoid wearing shoes that do not fit well or that tend to stick to the floor.
- Improve the lighting in your home. Put in brighter light bulbs. Florescent bulbs are bright and cost less to use.
- It's safest to have uniform lighting in a room. Add lighting to dark areas. Hang lightweight curtains or shades to reduce glare.
- Paint a contrasting color on the top edge of all steps so you can see the stairs better. For example, use a light color paint on dark wood.

Other Safety Tips

- Keep emergency numbers in large print near each phone.
- Put a phone near the floor in case you fall and can't get up.
- Think about wearing an alarm device that will bring help in case you fall and can't get up.

INFORMATION FROM:

<http://www.cdc.gov/ncipc/pub-res/toolkit/checklistforsafety.htm>

<http://www.cdc.gov/homeandrecreationalafety/falls/adultfalls.html>

<http://www.cdc.gov/HomeandRecreationalSafety/Falls/index.html>



FALL RISK QUESTIONNAIRE

NAME: _____

DATE: _____

PERSONAL RISK FACTORS		
Have you fallen before?	Yes	No
Were you injured when you fell?	Yes	No
Have you stopped doing any daily activities because you're afraid of falling?	Yes	No
Do you avoid exercise because you're afraid of falling?	Yes	No
Has your hand strength decreased?	Yes	No
Has your eyesight diminished?	Yes	No
Do you have trouble seeing depth or seeing at night?	Yes	No
Have you experienced hearing loss?	Yes	No
Do you have foot ulcers, bunions, hammertoes or callouses that hurt or cause you to adjust your steps?	Yes	No
Do you feel unsteady on your feet?	Yes	No
Do you shuffle when you walk?	Yes	No
Do you feel weaker than you used to?	Yes	No
Do you have less strength in your arms and legs?	Yes	No
Do you experience incontinence?	Yes	No
Do you feel dizzy when you stand up?	Yes	No
Do you take four or more medications?	Yes	No
Do you take high blood pressure medications?	Yes	No
STAIRS		
Is it dark in the stairwell?	Yes	No
Are handrails loosely attached to the wall?	Yes	No
Does the floor covering have frayed corners or rolled up edges?	Yes	No
LIVING AREA		
Do carpets, rugs, and floor coverings have frayed corners or rolled-up edges?	Yes	No
Are there throw rugs in walkways?	Yes	No
Are chairs and couches low to the ground?	Yes	No
Is it necessary to get up to answer the phone?	Yes	No
Do you have to walk over or around cords or wires (extension cords, lamp cords, telephone cords)?	Yes	No
Are there newspapers, boxes, shoes, etc. on the floor?	Yes	No
Do you need to walk around furniture to get through the living area?	Yes	No
Do you have to reach up to pull cords to lights or ceiling fans?	Yes	No

NAME: _____

DATE: _____

BATHROOM		
Is the path from the bedroom to the bathroom dark?	Yes	No
Are towel racks used to balance or grab onto while getting in to or out of the bathtub/shower?	Yes	No
Is it difficult to stand during a shower?	Yes	No
Is the shower floor and/or bathtub slippery	Yes	No
Is there any water on the floor after a bath/ shower?	Yes	No
Are there leaks from the tub/ shower?	Yes	No
Is it necessary to reach far or turn around to get towels, shampoo, and soap?	Yes	No
Is it difficult to get on and off the toilet?	Yes	No
BEDROOM		
Is there a long reach from the bed to a light?	Yes	No
Is it necessary to get out of bed or reach far to get to the telephone?	Yes	No
Is it necessary to get out of bed or reach far to get eyeglasses?	Yes	No
Are there telephone, light, or television cords running along the floor on the walkways?	Yes	No
Is there clutter (clothes, shoes, books, etc.) on the floor?	Yes	No
Is it common to get up many times during the night to use the bathroom?	Yes	No
KITCHEN		
Are there floor mats or rugs in the kitchen?	Yes	No
Is it necessary to reach far, bend over, or climb on to a stool to get commonly-used kitchen items and foods?	Yes	No
Is there liquid, food, grease, or other clutter on the floor?	Yes	No
OUTSIDE		
Is the path from the garage to the house dark or poorly lit?	Yes	No
Are there cracks or buckles on the sidewalks, walking paths?	Yes	No
Are there hoses, weeds, or other obstacles on the walkways?	Yes	No
Are there icy steps or walkways?	Yes	No

The Activities-specific Balance Confidence (ABC) Scale

For each of the following activities, please indicate your level of self-confidence by choosing a corresponding number from the following rating scale:

0% 10 20 30 40 50 60 70 80 90 100%

no confidence

completely confident

“How confident are you that you will not lose your balance or become unsteady when you...

1. ...walk around the house? _____%
2. ...walk up or down stairs? _____%
3. ...bend over and pick up a slipper from the front of a closet floor _____%
4. ...reach for a small can off a shelf at eye level? _____%
5. ...stand on your tiptoes and reach for something above your head? _____%
6. ...stand on a chair and reach for something? _____%
7. ...sweep the floor? _____%
8. ...walk outside the house to a car parked in the driveway? _____%
9. ...get into or out of a car? _____%
- 10....walk across a parking lot to the mall? _____%
- 11....walk up or down a ramp? _____%
- 12....walk in a crowded mall where people rapidly walk past you? _____%
- 13....are bumped into by people as you walk through the mall? _____%
- 14.... step onto or off an escalator while you are holding onto a railing? _____%
- 15.... step onto or off an escalator while holding onto parcels such that you cannot hold onto the railing? _____%
- 16....walk outside on icy sidewalks? _____%



Patient Name: _____ DOB: _____

Today's Date: _____

BALANCE SELF-EFFICACY SCALE (BES)

Listed below are a series of tasks that you may encounter in daily life. Please indicate how confident you are, today, that you can complete each of these tasks without losing your balance. Your answers are confidential. Please answer as you feel, not how you think you should feel.

0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
not at all confident			somewhat confident				absolutely confident			
1.	How confident are you that you can get up out of a chair (using your hands) without losing your balance?									%
2.	How confident are you that you can get up out of a chair (not using your hands) without losing your balance?									%
3.	How confident are you that you can walk up a flight of ten stairs (using the handrail) without losing your balance?									%
4.	How confident are you that you can walk up stairs (not using the handrail) without losing your balance?									%
5.	How confident are you that you can get out of bed without losing your balance?									%
6.	How confident are you that you can get into or out of a shower or bathtub (with the assistance of a handrail or support wall) without losing your balance?									%
7.	How confident are you that you can get into or out of a shower or bathtub (with no assistance from a handrail or support wall) without losing your balance?									%
8.	How confident are you that you can walk down a flight of ten stairs (using the handrail) without losing your balance?									%
9.	How confident are you that you can walk down a flight of ten stairs (not using the handrail) without losing your balance?									%
10.	How confident are you that you can remove an object from a cupboard located at a height that is level with your shoulder without losing your balance?									%
11.	How confident are you that you can remove an object from a cupboard located above your head without losing your balance?									%

Patient Name: _____ DOB: _____

Today's Date: _____

0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%	
not at all confident			somewhat confident				absolutely confident				
12.	How confident are you that you can walk across uneven ground (with assistance) when there is good lighting available without losing your balance?										%
13.	How confident are you that you can walk across uneven ground (with no assistance) when there is good lighting available without losing your balance?										%
14.	How confident are you that you can walk across uneven ground (with assistance) at night without losing your balance?										%
15.	How confident are you that you can walk across uneven ground (with no assistance) at night without losing your balance?										%
16.	How confident are you that you could stand on one leg (with support) while putting on a pair of trousers without losing your balance?										%
17.	How confident are you that you could stand on one leg (with no support) while putting on a pair of trousers without losing your balance?										%
18.	How confident are you that you could complete a daily task quickly (e.g., answer a ringing phone, remove a pot of water that is boiling over on stove, etc.) without losing your balance?										%

Lastly, we are interested in understanding what factors affect your confidence levels. Please provide reasons for **why** you answered the way you did for questions 1 through 18 on the lines below. *For example, if you answered that you were not very confident, **why** do you feel that way? If you were not very confident about an activity because you no longer do it very often e.g., climb stairs, walk on uneven ground, etc. we would like to know that also.*

Falls Efficacy Scale- International

Below are some questions about how concerned you are about the possibility of falling. Please reply thinking about how you usually do the activity. If you currently don't do the activity (for example, if someone does your shopping for you), please answer to show whether you think you would be concerned about falling IF you did the activity. For each of the following activities, please check the box which is closest to your own opinion to show how concerned you are that you might fall if you did this activity.

		Not at all concerned 1	Somewhat concerned 2	Fairly concerned 3	Very concerned 4
1	Cleaning the house (for example, sweep, vacuum or dust)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
2	Getting dressed or undressed	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
3	Preparing simple meals	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
4	Taking a bath or shower	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
5	Going shopping	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
6	Getting in or out of a chair	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
7	Going up or down stairs	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
8	Walking around in the neighborhood	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
9	Reaching for something above your head or on the ground	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
10	Going to answer the telephone before it stops ringing	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
11	Walking on a slippery surface (for example, wet or icy)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
12	Visiting a friend or relative	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
13	Walking in a place with crowds	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
14	Walking on an uneven surface (for example, rocky ground, poorly maintained pavement)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
15	Walking up or down a slope	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
16	Going out to a social event (for example, religious service, family gathering or club meeting)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
TOTAL SCORE=		<i>add all 1's</i>	<i>add all 2's</i>	<i>add all 3's</i>	<i>add all 4's</i>

SCORING: Low Concern: 16–19; Moderate Concern: 20–27; High Concern: 28–64