Falls Prevention Checklist for Professionals

Here are some points to consider when speaking with people who are at risk of falling or who have fallen. Some of the questions may need to be asked verbally and some responses may be evident through observation.

1. History		Delete as appropriate
Do you feel unste	ady at times, or have you had any falls/near misses?	Yes / No
Are you worried a	bout having a fall?	Yes / No

2. Health and Medications

Are you taking more than 5 medications?	Yes / No
Have you had a recent change in medication affecting how you feel?	Yes / No
Are you storing any old medications which you are no longer taking?	Yes / No
Have you noticed a change in how you remember things?	Yes / No
Do you have difficulty following a sequence to get a job done?	Yes / No
Do you often feel anxious or low in mood?	Yes / No

3. Sensory

When did you last have an eye test?	12 months plus, advise to have sight checked.
When did you last have a hearing test?	12 months plus, advise to have hearing checked.

4. Staying Active

Do you find it more diffi	cult to walk these days?	Yes / No
Are you spending more	time sitting down than you used to?	Yes / No
Have you noticed change	es in being able to complete everyday tasks?	Yes / No
(e.g. going shopping, pre	eparing meals, getting washed and dressed)	
Are you less motivated t	o do things?	Yes / No

5. Looking After your Feet

Do you have difficulty cutting your own toenails?	Yes / No
Does your footwear fit your feet correctly?	Yes / No

6. Observations Around the Home (if possible, not essential)

Are home hazards evident which could cause a fall? (e.g. rugs,	Yes / No
loose/worn carpet, trailing wires, low chairs)	

7. Eating Well

Do you have regular (hot, cold, non-alcoholic) drinks during the day?	Yes / No
Do you eat regular, healthy meals and have a balanced diet?	Yes / No
Do you eat food like milk, cheese and dairy products or plant-based alternatives?	Yes / No
Has your weight remained stable recently?	Yes / No

8. Calling for help

Would you know how to call for help if you had a fall?	Yes / No
Are you able to get up from the floor?	Yes / No

Additional Information obtained when completing the checklist which may be relevant to the services being referred to or indicate why no further action has been taken......

If a person answers **Yes** to any of the questions in **sections 1 to 6** OR

If a person answers No to any of the questions in sections 7 or 8

Ask the person if you can refer them to any of the local services listed below on their behalf who may be able to assist with reducing a person's risk of falls.

Options of who to contact

GP – access to medical services/health professionals who can assist with health and medication, staying active, looking after your feet, eating well. GP can refer to Single Point of Access and request Falls Prevention Team involvement.

Age UK Sheffield – Information and advice service for people aged over 50. Health and disability, housing, financial support, plus signposting to services

0114 2502850 (9.30am-4.30pm Mon to Fri) Email <u>enquiries@ageuksheffield.org.uk</u>

Dementia Advice Sheffield – Non-clinical support for people and access to local dementia services

0114 2502875 (9am-5pm Mon to Fri) dementiaadvice@ageuksheffield.org.uk