ARE YOU AT RISK OF FALLING?

Falling is not a normal part of ageing. You may not know if you are at risk. Early detection of falls risk is important to avoid injury, keep your independence and maintain your mobility.

If you are over 50 years old, please take a couple of minutes to complete the attached questionnaire. Completing the questionnaire can give you a guide on how safe you are from falling and the areas of your health that might need your attention.

When you have completed the questionnaire, make an appointment to discuss it with your trusted health professional or contact one of the services below.

Use the list below to find organisations that can provide advice or assistance.

	Metropolitan Adelaide	Regional
Personal Falls Risk Assessment	Community Geriatric Phone: 1300 0 FALLS (1300 0 32557)	Country Referral Unit Phone: 1800 003 307
Equipment information, including personal alarms	Independent Living Centre Phone: (08) 8266 5260	Independent Living Centre Phone: 1300 885 886
For Veterans	Rehabilitation Appliances Program (RAP) Department of Veteran Affairs Phone: 133 254	Rehabilitation Appliances Program (RAP) Department of Veteran Affairs Phone: 1800 555 254
In home support and care services	My Aged Care Phone: 1800 200 422	
For further consumer information	Falls Prevention in SA: Active Ageing Australia Phone: 0437 321 377 fallssa.com.au	

For more information

Clinical Governance Unit
sahealth.sa.gov.au/safetyandquality
Telephone: 08 8226 6334

ARE YOU AT RISK OF FALLING?

If you answered **YES** for more than one of the questions, please discuss this questionnaire during your next appointment with your health professional.

	YES	NO	UNSURE
My history of falling:			
I have had two or more falls in the 12 months	☐	☐	☐
About my medications:			
I regularly take sleeping tablets or sedatives or antidepressants	☐	☐	☐
I have four or more different types of medications each day	☐	☐	☐
About my levels of exercise:			
I do less than 30 minutes of physical activity in a day on most days of the week (such as housework, gardening or bowls)	☐	☐	☐
About my balance and walking:			
I have difficulty getting up from a chair	☐	☐	☐
I feel unsteady when walking	☐	☐	☐
My foot/feet are painful, or swollen or have bony changes	☐	☐	☐
About my health conditions:			
I have, or previously had the following:	☐	☐	☐
Problems with my heart, blood pressure or circulation	☐	☐	☐
A stroke	☐	☐	☐
Diabetes	☐	☐	☐
A neurological condition that effects movement	☐	☐	☐
Dizziness or funny turns	☐	☐	☐
A need to rush to the toilet	☐	☐	☐
A recent major change in my health	☐	☐	☐
About my eyesight:			
I have poor eyesight	☐	☐	☐
It has been more than two years since my eyes were tested	☐	☐	☐
Home environment:			
My home and garden are not set up so I can do daily activities safely and easily	☐	☐	☐