

Please seek medical advice if you answered “Yes” or were “Unsure” about any of the falls risks within this checklist.

Discuss this checklist during your next appointment with a health professional such as:

- Doctor
- Dietitian or Nutritionist
- Nurse
- Exercise Physiologist
- Optometrist
- Occupational Therapist
- Pharmacist
- Physiotherapist
- Podiatrist
- Speech Pathologist

These health professionals can advise you about steps you can take to stay active, maintain your independence and mobility and decrease your risk of falling.

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An electronic version of this document is available at
www.health.qld.gov.au/stayonyourfeet/resources.asp

This patient information brochure supports a number of the National Safety and Quality Health Service Standards (NSQHS) including:



Partnering with Consumers (NSQHS second edition).



Comprehensive Care Standard (NSQHS second edition).

The following organisations can help you stay active, independent and on your feet:

- **Stay On Your Feet®**
www.health.qld.gov.au/stayonyourfeet/
- **Get health advice from qualified staff**
13 HEALTH (13 432 584 - local call)
- **Australian Government Department of Social Services** www.myagedcare.gov.au or call 1800 200 422
- **Council of the Ageing (COTA) Queensland represent seniors and provide community programs** www.cotaql.org.au or call 07 3316 2999
- **Osteoporosis Queensland provide information about bone health**
www.osteoporosis.org.au or call 1800 242 141
- **Home support and housing assists with housing related difficulties**
www.qld.gov.au/housing/buying-owning-home/maintenance-modifications/maintenance-assistance/home-assist-secure or call 13 QGOV (13 7468)
- **Dietitians Australia provide information about food, health and wellbeing**
www.dietitiansaustralia.org.au/ or call 1800 812 942
- **NPS MedicineWise - Medicines Line**
www.nps.org.au or call 1300 MEDICINE (1300 633 424)
- **LifeTec Queensland provide solutions to everyday life activities** www.lifetec.org.au or call 1300 LIFETEC (1300 543 383)

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Checklist

How to Stay on Your Feet Checklist®



Taking action to know your falls risk factors and how to prevent a fall is key to staying active and independent.

If you are over 60 please take a couple of minutes to:

- complete this checklist
- discuss your answers with a health care professional.

Please answer the following questions based on your experiences of these topics over the past six months

› **My history of falling**

1. I have had at least one fall in the last six months.
☐ Yes ☐ No ☐ Unsure

› **About my medications**

2. I take sleeping tablets or tranquilisers or antidepressants.
☐ Yes ☐ No ☐ Unsure

› **About my level of exercise**

3. Each day, I do less than 30 minutes of physical activity, such as brisk walking, swimming, cycling or group exercise.
☐ Yes ☐ No ☐ Unsure
4. Each week, I do less than two balance or strength exercise classes, such as Tai Chi, Yoga, Pilates, or Physiotherapy recommended exercises.
☐ Yes ☐ No ☐ Unsure

› **About my balance and walking**

5. It is hard for me to get up from a chair.
☐ Yes ☐ No ☐ Unsure
6. I have poor balance when walking.
☐ Yes ☐ No ☐ Unsure

› **About my feet**

7. I have foot pain when walking or, I have swelling or deformity of my feet.
☐ Yes ☐ No ☐ Unsure

› **About my eyesight**

8. I have difficulties with my vision.
☐ Yes ☐ No ☐ Unsure
9. It has been more than 12 months since my eyes were tested or glasses checked.
☐ Yes ☐ No ☐ Unsure
10. I have difficulties with my vision even when wearing glasses.
☐ Yes ☐ No ☐ Unsure

› **About my health conditions**

11. I have or have had the following:
- a. Problems with my heart, blood pressure or circulation.
☐ Yes ☐ No ☐ Unsure
 - b. A stroke.
☐ Yes ☐ No ☐ Unsure
 - c. Diabetes.
☐ Yes ☐ No ☐ Unsure
 - d. Parkinson's Disease.
☐ Yes ☐ No ☐ Unsure
 - e. Dizziness or funny turns.
☐ Yes ☐ No ☐ Unsure
 - f. Needing to rush to the toilet or incontinence.
☐ Yes ☐ No ☐ Unsure
 - g. Difficulty with hearing.
☐ Yes ☐ No ☐ Unsure
 - h. A recent major change in my health.
☐ Yes ☐ No ☐ Unsure

› **About healthy eating**

12. I have lost weight recently without trying.
☐ Yes ☐ No ☐ Unsure
13. I am not eating as much as usual because I have a decreased appetite (not eating three balanced meals each day including protein, dairy and fruit and vegetables).
☐ Yes ☐ No ☐ Unsure
14. Each day, I eat less than three to four servings of high calcium foods (such as milk, yoghurt, cheese, salmon or sardines).
☐ Yes ☐ No ☐ Unsure
15. I do not know what my vitamin D levels are.
☐ Yes ☐ No ☐ Unsure
16. I have a mouth, teeth, or swallowing problem that has changed the kind or amount of food I eat.
☐ Yes ☐ No ☐ Unsure

› **About my bones**

17. I have broken bones in the past six months.
☐ Yes ☐ No ☐ Unsure

If you answered “Yes” or “Unsure” to any of these questions, you may be at risk from a fall.

Talk to your health professional about how you can reduce this risk.