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.

Please seek medical advice if you answered ‘agree’ or were ‘unsure’ about any of the falls risks within this checklist.

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

- Stay On Your Feet®
- Get health advice from qualified staff
  13 HEALTH – 13 432 584 (local call)
- Commonwealth Respite and Carelink Centres
  provide free and confidential information on community aged care, disability and other support services.
  or call 1800 052 222
- Council of the Ageing (COTA) Queensland
  represent seniors and provide community programs.
  www.cotaq.org.au or call 1300 738 348
- Osteoporosis Queensland provide information about bone health.
  www.osteoporosis.org.au or call 1800 242 141
- Home Assist Secure assists with housing-related difficulties.
  or call 1300 880 882
- Dieticians Association Australia provide information about food, health and well-being.
  www.daa.asn.au or call 1800 812 942
- NPS MedicineWise - Medicines Line
  www.nps.org.au or call
  1300 MEDICINE (1300 633 424)
- LifeTech Queensland provide solutions to everyday life activities
  www.lifetec.org.au or call 1300 885 886

If you are over 60 please take a couple of minutes to complete this checklist and then discuss your answers with a health care professional. Taking action to know your falls risk factors and how to reduce the falls risk is key to staying active and independent.
My history of falling
1. I have had at least one fall in the last six months.
   agree ☐ disagree ☐ unsure ☐

About my medications
2. I take sleeping tablets or tranquillisers or antidepressants.
   agree ☐ disagree ☐ unsure ☐

About my level of exercise
3. I do less than 30 minutes of physical activity in a day such as brisk walking, swimming, cycling or group exercise.
   agree ☐ disagree ☐ unsure ☐

4. I do less than two sessions of balance and strength exercise per week, for example Tai chi or a specific exercise program provided by a physiotherapist or fitness instructor.
   agree ☐ disagree ☐ unsure ☐

About my balance and walking
5. It is hard for me to get up from a chair.
   agree ☐ disagree ☐ unsure ☐

6. I have poor balance when walking.
   agree ☐ disagree ☐ unsure ☐

About my feet
7. I have foot pain when walking: or, I have swelling and/or deformity of my feet.
   agree ☐ disagree ☐ unsure ☐

8. I have difficulties with my vision.
   agree ☐ disagree ☐ unsure ☐

9. It has been more than 12 months since my eyes were tested or glasses checked.
   agree ☐ disagree ☐ unsure ☐

10. I have difficulties with my vision even when wearing glasses.
    agree ☐ disagree ☐ unsure ☐

About my health conditions
11. I have or have had the following:
    A. Problems with my heart, blood pressure or circulation.
       agree ☐ disagree ☐ unsure ☐
    B. A stroke.
       agree ☐ disagree ☐ unsure ☐
    C. Diabetes.
       agree ☐ disagree ☐ unsure ☐
    D. Parkinson’s Disease.
       agree ☐ disagree ☐ unsure ☐
    E. Dizziness or funny turns.
       agree ☐ disagree ☐ unsure ☐
    F. Needing to rush to the toilet or incontinence.
       agree ☐ disagree ☐ unsure ☐
    G. A recent major change in my health.
       agree ☐ disagree ☐ unsure ☐

About healthy eating
12. I have lost weight recently without trying.
    agree ☐ disagree ☐ unsure ☐

13. I have been eating poorly recently because of a decreased appetite (poorly means not eating three balanced meals each day including protein, dairy and fruit and vegetables).
    agree ☐ disagree ☐ unsure ☐

14. Each day, I eat less than three to four servings of high calcium foods (such as milk, yoghurt, cheese, salmon or sardines).
    agree ☐ disagree ☐ unsure ☐

15. I am not aware of my vitamin D blood levels.
    agree ☐ disagree ☐ unsure ☐

16. I have a mouth, teeth, or swallowing problem that has changed the kind and/or amount of food I eat.
    agree ☐ disagree ☐ unsure ☐

If you have osteoporosis or answered Agree or Unsure about any of these questions, you may be at risk from a fall. Talk to your health professional about how you can reduce this risk.