Fall risk questionnaire

Patient's name:_____ **Phone:**_____

Doctor's name:_____ **Date:**_____

Please complete this assessment to help your doctor determine if you qualify for home health.

1.	Has it been longer than six months since you or a loved one has exercised regularly?	☐ Yes	☐ No
2.	Have you or a loved one had a fall or a near fall in the past year?	☐ Yes	☐ No
3.	Do you or a loved one have a fear of falling that somewhat limits your activity?	☐ Yes	☐ No
4.	Do you or a loved one take four or more medications?	☐ Yes	☐ No
5.	Do you or a loved one take medication to treat sleep, nerves, depression, anxiety or pain?	☐ Yes	☐ No
6.	Do you or a loved one wear bifocal or trifocal glasses? Is your vision much better in one eye than the other?	☐ Yes	☐ No
7.	Are you or a loved one interested in improving mobility or balance?	☐ Yes	☐ No
8.	Do you or your loved one's feet or toes often feel hot, cold, numb or tingly?	☐ Yes	☐ No
9.	Do you or your loved one feel that no one understands how balance problems and dizziness often affect your quality of life?	☐ Yes	☐ No
10.	Do you or a loved one feel unsteady or troubled when walking down a supermarket aisle?	☐ Yes	☐ No
11.	Do you or a loved one feel like you are pulled to the side while trying to walk a straight line?	☐ Yes	☐ No
12.	Do you or a loved one feel as though your feet won't go where you wish them to go?	☐ Yes	☐ No
13.	Do you or a loved one experience a sensation of spinning or dizziness when you tilt your head back, lie down or roll over in bed?	☐ Yes	☐ No
14.	Do you or a loved one experience a fainting feeling, loss of balance or light headedness when you stand up?	☐ Yes	☐ No
15.	Do you or a loved one have difficulty when walking on gravel, a sloped sidewalk or other uneven surfaces or when walking in the dark?	☐ Yes	☐ No

If you answer yes to any **ONE** of these questions, you might benefit from home health.

Call **833-453-1108** and we will be happy to speak with you about help at home.

CenterWell™ Home Health

Home health services are available for all eligible patients with a healthcare provider referral.

CenterWell™ does not discriminate on the basis of race, color, national origin, age, disability or sex. ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-320-2188 (TTY: 711). 注意：如果萭使用繁體中文，萭 可以免費獲得語言援助服務。請致電 1-877-320-2188 (TTY: 711). 1900846-W