

# Primary Health Care Client Falls Risk Screening Tool

Screen **at-risk** clients attending Primary Health Care settings.

- *At-risk* clients are defined as individuals who have self-identified a history of falls and/or when difficulty with transfers or ambulation are observed.
- *A fall* is defined as unintentionally coming to rest on the ground, floor or other lower surface with or without an injury.

FALLS HISTORY		SCORE
<b>1. Number of falls in the past 12 months?</b>	None .....(0) 1 fall .....(1) 2 falls .....(2) 3 or more falls .....(3)	[    ]
<b>FUNCTION: Instrumental Activities of Daily Living (IADL) Status</b>		
<b>2. Prior to this fall, how much assistance was the client requiring for instrumental activities of daily living (e.g. cooking, house and yard work)?</b>	None (completely independent) ..... (0) Supervision .....(1) Some assistance required .....(2) Completely dependent .....(3)	[    ]
<b>BALANCE</b>		
<b>3. When walking and turning, does the client appear unsteady or at risk of losing their balance?</b>	No unsteadiness observed .....(0) Yes, minimally unsteady ..... (1) Yes, moderately unsteady (needs supervision) .....(2) Yes, consistently and severely unsteady (needs constant hands on assistance).....(3)	[    ]

**TOTAL RISK SCORE** [    ]

	Total Risk Score of 1 - 3 Low risk	Total Risk Score of 4 - 9 High risk
<b>Immediate Required Actions</b>	<input type="checkbox"/> Arrange for assistance with transfers and mobility as needed	<input type="checkbox"/> Arrange for assistance with transfers and mobility; offer wheelchair as needed and available <input type="checkbox"/> If client has recently fallen and not been assessed for injury, encourage follow up with their PCP <input type="checkbox"/> If client has a caregiver providing support, advise them of the clients' risk for falls and need for immediate supports <input type="checkbox"/> Consider client for referral to HC, PCP, PT, OT <input type="checkbox"/> Provide completed "Your Fall Risk Factors" Form
<b>Recommended Actions</b>	<input type="checkbox"/> Provide copy of TAKE ACTION...to prevent falls booklet <input type="checkbox"/> Provide completed "Your Fall Risk Factors" Form <input type="checkbox"/> Consider client for medication review by PCP/pharmacist <input type="checkbox"/> If client had 3 or more falls <b>OR</b> a balance score of 3, consider referral to HC, PCP, OT, or PT	<input type="checkbox"/> Provide copy of SOYF "A Checklist to help Prevent Falls" <input type="checkbox"/> Provide copy of TAKE ACTION...to prevent falls booklet <input type="checkbox"/> Provide completed "Your Fall Risk Factors" Form <input type="checkbox"/> Consider client for medication review by PCP/pharmacist <input type="checkbox"/> If client had 3 or more falls <b>OR</b> a balance score of 3, consider referral to HC, PCP, OT, or PT

## Instructions for Use

Please complete this three question screening tool on all clients who attend your clinic/facility who are part of a population identified as at risk for falls.

This form is to be completed before the “Your Fall Risk Factors” Form.

- Do not allow the client, caregiver or family to complete the survey themselves. If the client has communication or cognitive limitations, the caregiver or family member may answer on the client’s behalf.

The scoring guidelines for the screening tool are as follows:

### Question 1: Falls History

Ask the client about the number of falls he/she has had over the past 12 months. Southern Health – Santé Sud defines a fall as “unintentionally coming to rest on the ground, floor or other lower level with or without injury”. Score as per the number of falls the client has experienced in the past 12 months with the corresponding value (i.e., “None” = 0; 1 fall = 1; 2 falls = 2; 3 or more falls = 3).

### Question 2: Function: Instrumental Activities of Daily Living (IADL) Status

Definition IADL: the skills and abilities needed to perform certain day-to-day tasks associated with an independent lifestyle. These activities are not considered to be essential for basic functioning, but are regarded as important for assessing day-to-day quality of life including: ability to use the telephone, laundry and dressing, shopping and running errands, transportation, meal preparation, medication management, housekeeping activities, and ability to manage finances.

Ask the client about his/her ability to perform IADL *prior to the most recent fall*. Some examples are shopping, performing house or yard work, laundry, and cooking. If the client has not fallen in the past 12 months, ask about his/her current IADL status. If receiving supportive care, client receives a score of 3.

- **“None (completely independent)” = 0.** The client plans and independently accomplishes all activities of daily living, such as shopping, doctor’s appointments, housework, etc.
- **“Supervision” = 1.** The client is able to plan and accomplish all activities of daily living but feels more comfortable when someone is present during more challenging tasks, such as having someone nearby when getting in and out of the bathtub.
- **“Some assistance required” = 2.** The client is unable to plan and accomplish most activities of daily living and needs help with driving, shopping, and cleaning but can undertake some tasks, such as light housework, walking to the doctor’s office, etc.
- **“Completely dependent” = 3.** The client is unable to plan or accomplish any activities of daily living, ranging from challenging tasks like heavy yard work to simpler tasks such as using the bathroom.

### Question 3: Balance

Observe the client standing, walking a few meters, turning, and sitting. If the client uses an aid, observe him/her using the aid. If the level fluctuates, tick the most unsteady rating. If the client is unable to walk due to injury, score as 3.

- **“No unsteadiness observed” = 0.** Balance/steadiness is not compromised.
- **“Yes, minimally unsteady” = 1.** Client appears unsteady performing any of these tasks, or is making modifications to appear steady (e.g. an increased level of effort, feet spread apart to maintain balance, or is consistently touching the walls or furniture).
- **“Yes, moderately unsteady (needs supervision)” = 2.** Client appears moderately unsteady walking and would require supervision to walk safely, or is making modifications and still appears unsteady.
- **“Yes, consistently and severely unsteady” (needs constant hands on assistance) = 3.** Client is consistently or severely unsteady when walking or turning and needs hands on assistance.

After scoring each question, add the scores to get a “Total Risk Score” then take the respective steps listed in the “Immediate Required Actions/Recommended Actions” sections. Please complete the “Your Fall Risk Factors” Form for clients who score a 1 or higher.

### Abbreviations and Referral Processes

- HC** - Home Care: anyone can make a referral by calling their local Community Health Services Office.
- HCP** - Health Care Provider
- IADL** - Instrumental Activities of Daily Living
- NP** - Nurse Practitioner
- OT** - Occupational Therapy
- PCP** - Primary Care Provider (Physician, NP, or Physician Assistant)
- PT** - Physiotherapy
- SOYF** - Staying on Your Feet: fall prevention resource series for clients living in the community