

BALANCE DAY FALL RISK SCREEN

Name: _____ Date: _____ Age: _____

Town of Residence: _____ State: _____ Phone: _____

Email: _____

How did you hear about this balance screening:

ARC Program Provider Other: _____

Have you fallen in the past year? Yes No

If "YES"

- How many times? _____
- Were you injured? Yes No

Do you feel unsteady when standing or walking? Yes No

Do you worry about falling? Yes No

If you answered "No" to all three questions, stop here. Please speak with someone here about recommendations.

If you answered "Yes" to any of the questions, please continue speak with someone about physical screens.

SCREENED BY: _____

Timed Up & Go Test _____ seconds
Fall risk? Yes No
12 seconds or greater is considered a fall risk

30 Second Chair Stand Test: _____ # of stands
Fall risk? Yes No
A below average score indicates a fall risk

Chair Stand—Below Average Scores

| Age | Men | Women |
|-------|------|-------|
| 60-64 | < 14 | < 12 |
| 65-69 | < 12 | < 11 |
| 70-74 | < 12 | < 10 |
| 75-79 | < 11 | < 10 |
| 80-84 | < 10 | < 9 |
| 85-89 | < 8 | < 8 |
| 90-94 | < 7 | < 4 |

4-Stage Balance Test Fall risk? Yes No
Inability to hold tandem stance 10 seconds is considered a fall risk



Stand with your feet side by side _____ seconds



Place the instep of one foot so it is touching the big toe of the other (semi-tandem) _____ seconds



Place one foot in front of the other, heel touching the toe (tandem) _____ seconds



Stand on one foot _____ seconds

Fall Risk score Low Medium High

Would you like us to contact you about balance programs? Yes No

What is the best way for us to reach you? phone email