**“What’s important to you?”**

Menu of Options for Fall Prevention

**My fall prevention goals:**

|  |  |
| --- | --- |
| * Be independent to take care of myself as much as possible
 | * Be able to do more things that I enjoy
 |
| * Be less worried about falling
 | * Need less visits to hospitals
 |

**My fall risks:**

|  |  |
| --- | --- |
| * I’m unsteady when walking
 | * My medications make me fall\*
 |
| * I worry about falling all the time
 | * My blood pressure is not good\*
 |
| * I have issues with toileting
 | * My vision is not good\*
 |
| * Things related to my feet and what I wear for shoes and clothing\*
 | * My health issues \*
 |
| * My home is not safe
 | * My blood sugar is not good
 |
| * I lost some feeling in feet
 | * I’m often feel sad/depressed
 |

**Things I can do to keep me safe:**

|  |  |
| --- | --- |
| * Change how I move around
 | * Get better sleep
 |
| * Improve home safety
 | * Better pain management
 |
| * Use cane or walker
 | * Use glasses and hearing aides
 |
| * Exercise and be active (Tai chi, balance exercise, physical therapy, exercise programs, ankle pumps)
 | * Talk and learn about falls and how to prevent them
 |
| * Not rush to use the toilet
 | * Eat differently
 |
| * Take Vitamin D supplement
 | * Drink more fluids
 |
| * Keep things I need close by
 | * Cut down on alcohol
 |
| * Participate in annual fall risk assessment
 | * Hold onto furniture to keep me safe
 |
| * Ask and wait for help
 | * Use hands to stand up from a chair
 |
| * Turn lights on at night
 | * Avoid stepping onto curb
 |

***Other ideas?***