**“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?***