



INSTRUCTIONS FOR THE FALLS RISK CHECKLIST (FRC)

I. General Instructions

The Falls Risk Checklist (FRC) is from the Centers for Disease Control and Prevention, Stopping Elderly Accidents and Deaths & Injuries (STEADI) survey; designed to identify: (1) individuals as low, moderate, or high risk for falls, (2) modifiable risk factors for falls, and (3) opportunities for intervention. The FRC is self-administered by the participant and should take about 5 minutes to complete. Please ask the participant to read each item and select the appropriate answer (yes or no). Once the participant has completed the 12 items, sum the responses while the participant is still present (Item 13, summed score <4 versus ≥ 4). Transfer the data from the ARIC FRC form to the preprinted CDC STEADI Checklist, including the total fall risk score. Provide the participant with their completed and scored CDC STEADI Checklist and suggest that they follow up with their physician if they have a score that is 4 or higher. **The information from this form will also be sent to their physician from the ARIC Field Center.**

II. Detailed Instructions for each Item

- 0a. Enter the participant ID.
- 0b. Enter the date on which the participant was seen in the clinic.
- 0c. Enter the staff ID for the person who completed this form.

Read the opening script:

“This questionnaire is designed to assess your risk of falls. Please read each statement, completely, and indicate whether it pertains to you or not by checking the corresponding yes or no box. Once you are finished completing this questionnaire, please let me know and we will go through your responses together.”

- Item 1: Participant indicates if s/he has fallen in the past year (yes or no).
- Item 2: Participant indicates if s/he uses or has been advised to use a cane or walker to get around safely (yes or no).
- Item 3: Participant indicates if s/he sometimes feels unsteady when walking (yes or no)
- Item 4: Participant indicates if s/he steadies him/herself by holding onto furniture when walking at home (yes or no).
- Item 5: Participant indicates if s/he is worried about falling (yes or no).
- Item 6: Participant indicates if s/he needs to push with their hands to stand up from a chair (yes or no).
- Item 7: Participant indicates if s/he has some trouble stepping up onto a curb (yes or no).
- Item 8: Participant indicates if s/he often has to rush to the toilet (yes or no).
- Item 9: Participant indicates if s/he has lost some feeling in their feet (yes or no).
- Item 10: Participant indicates if s/he takes medicine that sometimes makes them feel light-headed or more tired than usual (yes or no).

- Item 11: Participant indicates if s/he takes medicine to help them sleep or improve mood (yes or no).
- Item 12: Participant indicates if s/he often feels sad or depressed (yes or no).

[Once the participant indicates that s/he has completed the FRC, please confirm that the participant has responded to each item].

“Thank you for completing this form. Now, I’m going to take a few moments to add up the responses.”

Item 13: Sum items 1 through 12. [Sum all “yes” responses: Items 1 and 2: yes = 2: Items 3 through 12: yes = 1]. Write this total number to Item 13 on the FRC form. Transfer the information they documented on the ARIC FRC form to the CDC STEADI Checklist form. Hand the participant the original CDC STEADI form, that includes the total summed score provided in Item 13].

Depending on the total score, please say the following to the participant.

[If the participant scored <4]

“Based on your responses, you are currently at a low risk of falls. Please keep a copy of this questionnaire and review the pamphlet on strategies to help identify and fix hazards in the home that increase risk of falls.”

[If the participant scored ≥4]

“Based on your responses, you are currently at an increased risk of falls. We strongly encourage you to bring a copy of this questionnaire to discuss with your physician during your next visit. Please also review the pamphlet on strategies to help identify and fix hazards in the home that increase risk of falls.”

Two “Visit Exit Interview Alerts” for this form include:

1. The participant receives a copy of the form and they are informed of their score during their visit
2. The participant’s physician will receive a summary of the participants score.