

## Annual Senior Health Assessment

Please answer each question to the best of your ability

Fall Risk	YES	NO
I have fallen in the past year		
I use or have been advised to use a cane or walker to get around safely		
Sometimes I feel unsteady when I am walking		
I steady myself by holding onto furniture when walking at home		
I am worried about falling		
I need to push with my hands to stand up from a chair		
I have some trouble stepping up onto a curb		
I often have to rush to the toilet		
I have lost some feeling in my feet		
I take medicine that sometimes makes me feel light-headed or more tired than usual		
I take medicine to help me sleep or improve my mood		
I often feel sad or depressed		
<i>4 Yes points or more, there might be a risk for falling. Total Score</i>		

PHQ-9	Not at all	Several Days	More than half the days	Nearly every day
Over the <u>last 2 weeks</u> , how often have you been bothered by any of the following problems?				
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3
Trouble falling or staying asleep, or sleeping too much	0	1	2	3
Feeling tired or having little energy	0	1	2	3
Poor appetite or overeating	0	1	2	3
Feeling bad about yourself- or that you are a failure or have let yourself or your family down	0	1	2	3
Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
Moving or speaking so slowly that other people could have noticed? Or the opposite- being so fidgety or restless that you have been moving a lot more than usual	0	1	2	3
Thoughts that you would be better off dead or of hurting yourself in someway	0	1	2	3
Total Score:		0		
If yes to <u>any</u> problems, how <u>difficult</u> have these problems made it for you to do your work, take care of things at home, or get along with other people? Not Difficult / Somewhat Difficult /Very Difficult / Extremely Difficult				