

Patient Name: _____ **Date:** _____
Patient ID # _____

Fall Risk Screening Questions

1. Have you had two or more falls within the past 12 months? Yes No
2. Have you had a fall with injury? Yes No
3. Do you have any problems with gait or balance? Yes No

Patients who answer “yes” to any of the screening questions need further evaluation to determine their fall risks. Having fallen in the past year is a strong predictor for future falls.

Older persons reporting only a single fall and reporting or demonstrating no difficulty or unsteadiness during the evaluation of gait and balance do not require a fall risk assessment.¹

The Timed Up and Go (TUG) Test

Timed Up and Go Score: _____

An older adult who takes ≥ 12 seconds to complete the TUG is at high risk for falling.²

VIDEO: [Timed Up and Go Test \(TUG\)](#) - Use this test to assess a patient’s mobility.

1. American Geriatrics Society (2011). Summary of the updated American Geriatrics Society / British Geriatrics Society Clinical Practice Guideline for Prevention of Falls in Older Persons. Journal of the American Geriatrics Society. 59(1), 148-157.
2. <https://www.cdc.gov/steady/pdf/STEADI-Assessment-TUG-508.pdf>

ASSESSMENT

Timed Up & Go (TUG)

Purpose: To assess mobility

Equipment: A stopwatch

Directions: Patients wear their regular footwear and can use a walking aid, if needed. Begin by having the patient sit back in a standard arm chair and identify a line 3 meters, or 10 feet away, on the floor.

① Instruct the patient:

When I say “Go,” I want you to:

1. Stand up from the chair.
2. Walk to the line on the floor at your normal pace.
3. Turn.
4. Walk back to the chair at your normal pace.
5. Sit down again.

NOTE:

Always stay by the patient for safety.

② On the word “Go,” begin timing.

③ Stop timing after patient sits back down.

④ Record time.

Time in Seconds:

An older adult who takes ≥ 12 seconds to complete the TUG is at risk for falling.

CDC’s STEADI tools and resources can help you screen, assess, and intervene to reduce your patient’s fall risk. For more information, visit www.cdc.gov/steady

Patient _____

Date _____

Time _____ AM PM

OBSERVATIONS

Observe the patient’s postural stability, gait, stride length, and sway.

Check all that apply:

- Slow tentative pace
- Loss of balance
- Short strides
- Little or no arm swing
- Steadying self on walls
- Shuffling
- En bloc turning
- Not using assistive device properly

These changes may signify neurological problems that require further evaluation.

