

Place scores in left hand boxes and total all boxes in final frame indicated **“Total”**  
 (All checked boxes are one (1) point unless otherwise indicated)

	<input type="checkbox"/> Do you live alone?
	<input type="checkbox"/> (If the answer to #1 is “no.”) Are there periods of the day or week when your caregiver is away, and you are alone?
	<input type="checkbox"/> Have you fallen inside or outside your residence at least one time during the past 3 years?
	<input type="checkbox"/> Are there times when you feel weak or dizzy?
	<input type="checkbox"/> Are you worried that you may fall and not be able to call for help?
	<input type="checkbox"/> Do you worry about taking a shower or bath alone? (falling, getting ill, etc.)
	Do you have one or more of these ailments? ( <i>Check all that apply– Score 1 point each</i> ) <input type="checkbox"/> Arthritis <input type="checkbox"/> Chronic Obstructive Pulmonary Disease (COPD) <input type="checkbox"/> Congestive Heart Failure (CHF) <input type="checkbox"/> Diabetes <input type="checkbox"/> Hypertension or high blood pressure <input type="checkbox"/> Low vision or visually impaired <input type="checkbox"/> Osteoporosis <input type="checkbox"/> Stroke
	<input type="checkbox"/> Are you concerned that you may have a reaction to medication and not be able to get help? (example: insulin)
	<input type="checkbox"/> Were you hospitalized or taken to the emergency room during the past 2 years?
	<input type="checkbox"/> Do you use a cane, walker, wheelchair, stair climber, or other device to help you balance or walk?
	<input type="checkbox"/> Are you afraid that someone may hurt you physically or break into your home?
	<input type="checkbox"/> Do you feel unsafe in your neighborhood?
	How much difficulty do you currently have bending over from a standing position to pick up something without having to hold onto anything? <u>Circle one:</u> ( <i>I can't!</i> + 3 Points) ( <i>A lot!</i> +2 Points) ( <i>Sometimes</i> +1 Point) ( <i>None</i> +0 Points)
	How much difficulty do you have carrying something in your arms while climbing stairs? (Laundry basket, etc.) <u>Circle one:</u> ( <i>I can't!</i> + 3 Points) ( <i>A lot!</i> +2 Points) ( <i>Sometimes</i> +1 Point) ( <i>None</i> +0 Points)
	How much difficulty do you have walking up or down inclines? <u>Circle one:</u> ( <i>I can't!</i> + 3 Points) ( <i>A lot!</i> +2 Points) ( <i>Sometimes</i> +1 Point) ( <i>None</i> +0 Points)
	How difficult is it to walk several blocks without assistance of some kind? <u>Circle one:</u> ( <i>I can't!</i> + 3 Points) ( <i>A lot!</i> +2 Points) ( <i>Sometimes</i> +1 Point) ( <i>None</i> +0 Points)
	How difficult is it for you to stand up from a soft couch? <u>Circle one:</u> ( <i>I can't!</i> + 3 Points) ( <i>A lot!</i> +2 Points) ( <i>Sometimes</i> +1 Point) ( <i>None</i> +0 Points)
<b>Total:</b>	<b>Recommendation: (0-3 May not need PERS) (4-7 May need PERS) (8-10 Likely needs PERS) (11-15 Probably needs PERS) (16 and above Definitely should have PERS)</b>

