Exhibit B

Division of Developmental Disabilities Services
Community Services

Fall Risk Screening Tool

Name: _____ **Site:_____**
Date of birth: _____ **MCI: _____**
Prepared by: _____ **Date of screening:_____**

Directions: This assessment is to be completed on all residents upon admission into Residential Services or Day Services/Employment Provider. Reassessment shall be completed any time there is a change in health status that would affect his/her risk for falls. Check applicable items that best apply and indicate points to the right. Add points and note total score below.	**Points**
Mental Status: □ **(0 pt)** Oriented/alert at all times/ or comatose □ **(1 pt)** lethargic/forgetful/inconsistent orientation or response to stimuli □ **(2 pts)** confused-non-agitated/ highly distractible/ depressed/ uncooperative/ impaired judgment □ **(3 pts)** confused/agitated/aggressive/non-purposeful behavior/impulsive	
Physical Status: □ **(0 pt)** Normal/well/healthy/no remarkable medical and physical problems □ **(1 pt)** dyspnea/respiratory conditions □ **(2 pts)** syncope/orthostatic hypotension/joint difficulties (arthritis, contractures) □ **(3 pts)** seizure disorder/ cachexia/wasting/LE amputation/vestibular imbalance	
Elimination: □ **(0 pts)** Independent and continent □ **(1 pt)** Catheter and/or ostomy/ dependent (uses protective undergarments) □ **(2 pts)** Elimination with assistance/occasional incontinence □ **(3 pts)** Independent but incontinent (urgency/frequency)	
Sensory: □ **(0 pt)** No hearing or vision problems □ **(1 pt)** hearing loss/impairment only □ **(2 pts)** vision loss/impairment only □ **(3 pts)** has both hearing and vision loss/impairments	
Neuromotor: □ **(0 pt)** Normal muscle tone/ no weakness/ no paralysis/ no spasticity □ **(1 pt)** Upper extremities only (weakness/paralysis/spasticity/athetosis) □ **(2 pts)** Lower extremities only (weakness/paralysis/spasticity/athetosis) □ **(3 pts)** both upper and lower extremities (weakness/paralysis/spasticity/athetosis)	
Gait: □ **(0 pt)** independent ambulator/ non-ambulatory/ immobile □ **(1 pt)** non-ambulatory/has bed mobility/has wheelchair mobility □ **(2 pts)** independent ambulator with assistive device (i.e. walker/cane) □ **(3 pts)** ambulatory with physical assistance and assistive device/unsteady gait	
History of Falling Within Past 3 Months: □ **(0 pt)** None □ **(1 pt)** near falls or fear of falling □ **(2 pts)** 1-2 falls □ **(3 pts)** multiple falls (more than 2)	
Medications □ Antihistamine □ Antihypertensives □ Antiseizure/Antiepileptic □ Benzodiazepines □ Cathartics □ Diuretics □ Hypoglycemic agents □ Psychotropics □ Sedatives/Hypnotics □ Narcotics □ Other **On the above medication groups, indicate how many the resident is currently taking:** □ **(0 pts)** No medications □ **(1 pt)** 1 medication □ **(2 pts)** 2 medications □ **(3 pts)** 3 or more	
Total Score:	
0- 9 points: Low risk 10- 17 Moderate risk 18 or more: High risk If the person scores 10 or more: safety support should be implemented and reflected in the ELP.	