Extension Service
WestVirginiaUniversity

Taking Charge: Fall Prevention Action Plan Checkup

How are you doing on your **Action Plan**?

1. For each safety action circle ◯ you filled in, find the code. Example: "Are everyday items on low shelves within easy reach?" **(K1)**
2. For each of those safety actions, list the code(s) in the left column.
3. In the right column, circle the number that best describes the progress you made on each of those safety actions. (1 is "have not started"; 5 is "have completely finished")

Example:

Action Plan Code	*Not Yet*				*Done*
K1	1	2	3	(4)	5

	1	2	3	4	5
	1	2	3	4	5
	1	2	3	4	5
	1	2	3	4	5
	1	2	3	4	5
	1	2	3	4	5
	1	2	3	4	5
	1	2	3	4	5
	1	2	3	4	5
	1	2	3	4	5
	1	2	3	4	5
	1	2	3	4	5
	1	2	3	4	5
	1	2	3	4	5
	1	2	3	4	5
	1	2	3	4	5

– continued –

Example:

Action Plan Code	*Not Yet*				*Done*
	1	2	3	4	5
	1	2	3	4	5
	1	2	3	4	5
	1	2	3	4	5
	1	2	3	4	5
	1	2	3	4	5
	1	2	3	4	5
	1	2	3	4	5
	1	2	3	4	5
	1	2	3	4	5
	1	2	3	4	5
	1	2	3	4	5
	1	2	3	4	5
	1	2	3	4	5
	1	2	3	4	5
	1	2	3	4	5
	1	2	3	4	5

About You

County: _____

Date: _____

My Age: _____ I am ❑ Female ❑ Male

I live: ❑ alone ❑ with someone

There is someone who can help me carry out my action plan. ❑ Yes ❑ No

If yes, the helper is: ❑ Family ❑ Friend

❑ Other _____

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