

# DAILY ENERGY & FALL RISK PLANNER

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The Home Accessibility Therapist



THE  
HOME ACCESSIBILITY  
THERAPIST LLC

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## Therapist Instructions for Use

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Use this page as a quick clinical guide when introducing and reviewing the Daily Energy & Fall-Risk Planner.

### **Purpose**

This handout is designed to support discussion about the relationship among fatigue, timing, daily task demands, confidence with mobility, and home setup. It is intended as a screening and planning tool, not a diagnostic assessment.

### **Who may benefit**

- Clients who report fatigue, reduced stamina, or fluctuating function across the day.
- Clients with falls, near-falls, or task avoidance during self-care, transfers, stairs, or meal preparation.
- Clients who need help connecting symptom timing with environmental changes, pacing, or adaptive equipment.
- Caregivers who need a structured way to observe when tasks appear hardest or least safe.

### **How to use the handout**

1. Introduce the tool as a daily routine map, not a test.
2. Ask the client to identify the time of day when they feel strongest, most tired, and most steady.
3. Review the checked tasks and identify which activities combine effort, balance demand, urgency, and environmental challenge.
4. For one to three priority tasks, ask what makes the task harder and what changes might help.
5. Collaboratively choose one immediate strategy to trial, such as pacing, seated completion, item relocation, grab bars, better lighting, or caregiver setup support.
6. Revisit the form at follow-up to see whether the selected strategy improved safety, efficiency, or confidence.



## **Suggested clinical prompts**

- When in the day do you feel safest doing this task?
- What part of the task takes the most energy?
- What tends to happen when you try to push through fatigue?
- Is the main issue timing, setup, physical effort, or all three?
- What is one change we could make this week to reduce effort or improve safety?

## **When to escalate**

Escalate for formal assessment or medical follow-up if the client reports recurrent falls, syncope, acute functional decline, rapidly worsening mobility, or urgent safety concerns. Use caregiver input when cognition, insight, or communication barriers limit self-report accuracy.

## **Documentation tips**

Document the client's reported energy pattern, priority tasks, red flags, agreed-upon modifications, caregiver education, and follow-up plan. When needed, note recommendations for occupational therapy, physical therapy, home modification, mobility aids, or additional medical evaluation.

# Daily Energy & Fall-Risk Planner

Notice your safest times, hardest tasks, and the setup changes that may help.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Best contact person (optional): \_\_\_\_\_

## 1. My energy pattern

I usually feel strongest in the: morning / midday / afternoon / evening

I usually feel most tired in the: morning / midday / afternoon / evening

I usually feel most steady on my feet in the: morning / midday / afternoon / evening

My early signs of fatigue are: \_\_\_\_\_

When I get tired, I notice: slower movement / less balance / more pain / shortness of breath  
more rushing / less focus / other: \_\_\_\_\_

## 2. Tasks that may need a safer plan

- Showering/bathing    Toilet transfers    Dressing
- Stairs    Meal prep    Carrying Laundry
- Cleaning    Reaching low/high    Bed Transfers
- Night bathroom trips    Trash/recycling    Other: \_\_\_\_\_

## 3. Plan my day

| Task | Best time of day | What makes it harder? | What might help? |
|------|------------------|-----------------------|------------------|
|      |                  |                       |                  |
|      |                  |                       |                  |
|      |                  |                       |                  |
|      |                  |                       |                  |
|      |                  |                       |                  |



#### 4. My priority change

The one task I want to make safer this week is: \_\_\_\_\_

One change I want to try is: \_\_\_\_\_

Who can help me with this change? \_\_\_\_\_

#### 5. Red Flags

- Near-fall in the last month
- Holding onto furniture or walls
- Avoiding a basic daily task
- Feeling wiped out after self-care
- Feeling less steady later in the day
- Rushing due to urgency or fatigue
- Home setup feels unsafe

