

Fall Risk Assessment Questionnaire

Please mark “Yes” or “No” for each statement below.

Yes (1)	No (0)	
		I have fallen in the last 6 months.
		I use or have been advised to use a cane or walker to get around safely.
		Sometimes I feel unsteady when I am walking.
		I steady myself by holding onto furniture when I walk.
		I am worried about falling.
		I need to push with my hands to stand up from a chair.
		I am often dizzy when I first stand up.
		I have trouble stepping up onto a curb.
		I often have to rush to the toilet.
		I have lost some feeling or have pain in my feet.
		I take medicine that sometimes makes me feel light-headed or more tired than usual.
		I take medicine to help me sleep or improve my mood.
		I often feel sad or depressed.
Total		4 indicates potential fall risk