BellevueHealthcare
Because Service Matters

Fall Risk Assessment Questionnaire

Please mark a tally for each true statement below.

	I have fallen in the last 6 months.
	I use or have been advised to use a can 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