

## Falls Risk Self-Assessment

### Are you or a loved one at risk of falling?

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

1. Have you had a slip, trip, near fall or fall in the last six months?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Do you worry about falling?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Do you use or have you been advised to use a cane or walker?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Do you feel unsteady on your feet or shuffle when you walk?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Do you have problems with your eyesight?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. Do you steady yourself by holding onto furniture when walking at home?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. Do you need to push with your hands to stand up?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8. Do you often have to rush to the toilet?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9. Do you experience dizziness when you stand up?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
10. Do you have trouble with stairs or stepping up onto curbs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
11. Have you lost some feeling in your feet?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
12. Do you take medication that makes you feel light-headed or more tired than usual?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
13. Do you take medication to help you sleep or improve your mood?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
14. Do you experience problems with concentration, depression, or isolation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
15. Do you experience foot pain that causes you to adjust your gait?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you’ve answered “yes” to more than two questions, you may be at risk for falling. It is recommended you schedule an appointment with your doctor to discuss your concerns and options.