



Falls Risk Self-Assessment

Answer 12 simple questions to determine your risk for having a fall. Mark "Yes" if it describes you, and mark "No" if it does not describe you.

1. I have fallen in the past year.

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Yes

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No

Why it matters: People who have fallen are likely to fall again

2. I use or have been advised to use a cane or walker to get around safely.

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Yes

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No

Why it matters: People who use mobility devices may be more likely to fall.

3. Sometimes I feel unsteady when I am walking.

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Yes

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No

Why it matters: Unsteadiness or needing support are signs of poor balance.

4. I steady myself by holding onto furniture while walking at home.

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Yes

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No

Why it matters: This is also a sign of poor balance.

5. I am worried about falling.

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Yes

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No

Why it matters: People who are worried about falling are more likely to fall.

6. I need to push with my hands to stand up from a chair.

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Yes

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No

Why it matters: This is a sign of weak leg muscles, a major reason for falling.

7. I have some trouble stepping up onto a curb.

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Yes

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No

Why it matters: This is also a sign of weak leg muscles.

8. I often have to rush to the toilet.

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Yes

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No

Why it matters: Rushing to the bathroom, especially at night, can cause falls.

9. I have lost some feeling in my feet.

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Yes

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No

Why it matters: Numbness in your feet can cause stumbles and lead to falls.

10. I take medicine that sometimes makes me feel light-headed or tired.

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Yes

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No

Why it matters: Side effects from medicines can increase your chance of falling.

11. I take medicine to help me sleep or improve my mood.

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Yes

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No

Why it matters: These medicines might increase your chance of falling.

12. I often feel sad or depressed.

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Yes

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No

Why it matters: Symptoms of depression are linked to falls.

If you answered "yes" to four or more questions, you may be at increased risk for falling. Discuss these results with your healthcare provider. They might be able to help you make changes to your home, health or habits to prevent falls.