



Think about the statement and circle “Yes” if it sounds like you or “No” if it doesn’t.

- I have fallen in the past year Yes (2 points)..... No
- I use or have been advised to use a cane or walker to get around safely. Yes (2 points)..... No
- Sometimes I feel unsteady when I am walking. Yes (1 point)..... No
- I steady myself by holding onto furniture when walking at home. Yes (1 point)..... No
- I am worried about falling. Yes (1 point)..... No
- I need to push with my hands to stand up from a chair. Yes (1 point)..... No
- I have some trouble stepping up onto a curb. Yes (1 point)..... No
- I often have to rush to the toilet. Yes (1 point)..... No
- I have lost some feeling in my feet. Yes (1 point)..... No
- I take medicine that sometimes makes me feel lightheaded or more tired than usual. Yes (1 point)..... No
- I take medicine to help me sleep or improve my mood. Yes (1 point)..... No
- I often feel sad or depressed. Yes (1 point)..... No

Now add up the number of points of each “Yes” you circled. Total points: _____

Here’s what your score means.

- **Less than 4 points:** You have a low risk of falling.
- **4 to 6 points:** You have an increased risk for falls.
- **More than 6 points:** You have a high risk of falling.