

Are you at risk of falling?

Answer YES or NO for each statement, then tally your score below.

Have you fallen in the last 6 months?	YES 2	NO 0
Do you use, or have you been advised to use, a cane or walker to get around safely?	YES 2	NO 0
Do you sometimes feel unsteady when you are walking?	YES 1	NO 0
Do you have to steady yourself by holding onto furniture when walking at home?	YES 1	NO 0
Do you worry about falling?	YES 1	NO 0
Do you need to push yourself up with your hands to stand up from a chair?	YES 1	NO 0
Do you have trouble stepping up onto a curb?	YES 1	NO 0
Do you often have to rush to the toilet?	YES 1	NO 0
Have you lost any feeling in your feet?	YES 1	NO 0
Do you take medication to help you sleep or improve your mood?	YES 1	NO 0
Do you take medication that sometimes makes you feel lightheaded or more tired than usual?	YES 1	NO 0
Do you often feel sad or depressed?	YES 1	NO 0
Do you have difficulty avoiding hazards in your path because you don't see well?	YES 1	NO 0
Add up the number of points for each YES answer. If you scored 4 points or more, you may be at risk of falling.	TOTAL SCORE:	

Talk to your healthcare provider or doctor for more information.



Stay Independent. 
Prevent Falls.

findingbalancealberta.ca

Source of checklist:
Rubenstein LZ, Vivrette R, Harker JO, Stevens JA, Kramer BJ. Validating an evidence-based, self-rated fall risk questionnaire (FRQ) for older adults. J Safety Res 2011;42(6):493-499.

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