Fall Risk Assessment Questionnaire

Please provide some information regarding your mobility and balance.

Using the answer choices, please describe your current ability to move around:

__ I am able to move around independently without assistance.

__ I move around independently without assistance, but am unsteady on my feet.

__ I need a device to help me move around (i.e., cane, walker, etc.)

__ I need another person to help me move around.

__ I am unable to walk.

Do you have any balance problems?

__ Yes

__ No

How many falls have you had in the past year?

__ O

__ 1

__ More than 2

If you experienced an injury (or injuries) from falling in the past year, please describe your injuries.