



1st Choice is Your Best Choice!

Fall Risk Questionnaire

Client Name _____ Date _____

Please circle Yes or No for each statement below.

		Statement	Why Does It Matter?
Yes (2)	No	I have fallen in the past year.	People who have fallen once are more likely to fall again.
Yes (1)	No	I worry about falling.	People who are worried about falling are more likely to fall.
Yes (1)	No	I sometimes feel unsteady or lose my balance when walking.	Unsteadiness or needing support while walking are signs of poor balance.
Yes (2)	No	I sometimes steady myself by holding onto furniture or walls.	Needing support standing or walking are signs of poor balance.
Yes (2)	No	I use or have been advised to use a cane or walker to get around safely.	People who use a cane or walker may already be at more risk of falling.
Yes (1)	No	I need to push myself up from out of a chair with my hands.	This is a sign of weak leg muscles, a major reason for falling.
Yes (1)	No	I sometimes have trouble stepping up onto a curb.	This is another indication of weak leg muscles.
Yes (1)	No	I have lost some feeling in one or both of my feet.	Numbness in your feet can cause stumbles and lead to falls.
Yes (1)	No	I take medicine to help me sleep or improve my mood.	These types of medications can oftentimes increase your chance of falling.
Yes (1)	No	The medication I take sometimes makes me feel light-headed or sleepy.	Side effects from medication can increase your chance of falling.
Yes (1)	No	I often feel sad or depressed.	Symptoms of depression like feeling sad or slowed down are linked to falls.
Yes (1)	No	I frequently have to rush to the toilet.	Rushing to the bathroom, especially at night, increases your chance of falling.

Add up the number of points from your circled answers. If you scored 4 points or more, you may be at risk for falling. Please discuss this questionnaire with your doctor.

_____ Total

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