

# Falls: Screening for Future Fall Risk NQF 0101

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Please select Y or N for Risk of Falling

- Y / N I have fallen in the last 6 months.
- Y / N I use of have been advised to use a cane or walker to get around safely.
- Y / N Sometimes I feel unsteady when I am walking.
- Y / N I steady myself by holding onto furniture when walking at home.
- Y / N I am worried about falling.
- Y / N I need to push with my hands to stand up from a chair.
- Y / N I have some trouble stepping onto a curb.
- Y / N I often have to rush to the toilet.
- Y / N I have lost some feeling in my feet.
- Y / N I take medicine that sometimes makes me feel light-headed or more tired than usual.
- Y / N I take medicine to help me sleep or improve my mood.
- Y / N I often feel sad or depressed.

If score if 4 points or more, you may be at risk for falling.