Am I at Risk of Falling?

A free 2-minute check from Steady at Home

Circle YES or NO for each statement. Add up the points for every YES.

	Yes	No	Points if yes
1. I have fallen in the past year.	◯	◯	**2**
2. I use or have been advised to use a cane or walker to get around safely.	◯	◯	**2**
3. Sometimes I feel unsteady when I am walking.	◯	◯	**1**
4. I steady myself by holding onto furniture when walking at home.	◯	◯	**1**
5. I am worried about falling.	◯	◯	**1**
6. I need to push with my hands to stand up from a chair.	◯	◯	**1**
7. I have some trouble stepping up onto a curb.	◯	◯	**1**
8. I often have to rush to the toilet.	◯	◯	**1**
9. I have lost some feeling in my feet.	◯	◯	**1**
10. I take medicine that sometimes makes me light-headed or more tired than usual.	◯	◯	**1**
11. I take medicine to help me sleep or improve my mood.	◯	◯	**1**
12. I often feel sad or depressed.	◯	◯	**1**

MY TOTAL: _____

If you scored 4 or more, you may be at risk for falling. Talk to your doctor and share this sheet. Whatever your score, testing your balance tells you more. The Steady at Home kit walks you through 4 research-based balance tests at home, tells you whether your fall risk is low, moderate, or high, and gives you 5 proven exercises for your level, with a score sheet and tracker included.

Questions adapted from the CDC STEADI "Stay Independent" brochure (Rubenstein et al., 2011).

Educational use only. Not medical advice. Consult your doctor first. Always have a helper present.