

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 stair?	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 dizzy 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 dangers 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 community health nurse or doctor for more information.



FindingBalanceAlberta.ca



KEEP YOUR MOCCASINS MOVING!

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Adapted from the validated tool, "Validating an evidence-based, self-rated fall risk questionnaire (FRQ) for older adults," with input from Indigenous Elders and permission from Finding Balance, an initiative of the Injury Prevention Centre.
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