

STAY INDEPENDENT QUESTIONNAIRE



Centers for Disease Control and Prevention

National Center for Injury Prevention and Control

This test was produced in collaboration with the VA Greater Los Angeles Healthcare System, Geriatric Research Education & Clinical Center (GRECC), and the Fall Prevention Center of Excellence

Patient Name:
Date:

PLEASE CHECK OFF "YES" OR "NO" FOR EACH STATEMENT BELOW		WHY IT MATTERS
YES	NO	
		I have fallen in the past year People who have fallen once are likely to fall again.
		I use or have been advised to use a cane or walker to get around safely People who have been advised to use a cane or walker may already be more likely to fall.
		Sometimes I feel unsteady when I am walking Unsteadiness or needing support while walking are signs of poor balance
		I steady myself by holding onto furniture when walking at home This is also a sign of poor balance
		I am worried about falling People who are worried about falling are more likely to fall
		I need to push with my hands to stand up from a chair This is a sign of weak leg muscles, a major reason for falling
		I have some trouble stepping up onto a curb This is also a sign of weak leg muscles
		I often have to rush to the toilet Rushing to the bathroom, especially at night, increases your chance of falling
		I have lost some feeling in my feet Numbness in your feet can cause stumbles and lead to falls
		I take medicine that sometimes makes me feel light-headed or more tired than usual Side effects from medicines can sometimes increase your chance of falling
		I take medicine to help me sleep or improve my mood These medicines can sometimes increase your chance of falling
		I often feel sad or depressed Symptoms of depression, such as not feeling well or feeling slowed down, are linked to falls

YOUR SCORE:

- < 4 : Minimal or No Risk of Falling
- 4 – 8 : Moderate to High Risk of Falling
- > 8 : High to Severe Risk of Falling