

Name: _____ PID: _____ Date: _____

Lillington Family Medical Center

STEDI Falls Risk Assessment

Circle YES or NO for each statement below:

YES (2)	NO	I have fallen in the past year
YES	NO	I use or have been advised to use a cane or walker to get around safely
YES	NO	Sometimes I feel unsteady when I am walking
YES	NO	I steady myself on furniture when walking around my home
YES	NO	I am worried about falling
YES	NO	I need to push with my hands to stand up from a chair
YES	NO	I have some trouble stepping up onto a curb
YES	NO	I often have to rush to the toilet
YES	NO	I have lost some feeling in my feet
YES	NO	I take medicine that sometimes makes me feel lightheaded or more tired than usual
YES	NO	I take medicine to help me sleep or to improve my mood
YES	NO	I often feel sad or depressed

SCORE: _____

If score >4, proceed to Timed Get Up and Go assessment.