

# Fall Risk Assessment - STEADI (Stopping Elderly Accidents, Deaths & Injuries) Assessment

Please circle "Yes" or "No" for each statement below

Yes (2)	No (0)	I have fallen in the past year.
Yes (2)	No (0)	I use or have been advised to use a cane or walker to get around safely.
Yes (1)	No (0)	Sometimes I feel unsteady when I am walking.
Yes (1)	No (0)	I steady myself by holding onto furniture when walking at home.
Yes (1)	No (0)	I am worried about falling.
Yes (1)	No (0)	I need to push with my hands to stand up from a chair.
Yes (1)	No (0)	I have some trouble stepping up onto a curb.
Yes (1)	No (0)	I often have to rush to the toilet.
Yes (1)	No (0)	I have lost some feeling in my feet.
Yes (1)	No (0)	I take medicine that sometimes makes me feel light-headed or more tired than usual.
Yes (1)	No (0)	I take medicine to help me sleep or improve my mood.
Yes (1)	No (0)	I often feel sad or depressed
<b>Total</b>	Add up the number of points for each "yes" answer. <b><u>If total score is 4 points or more, then patient needs to be evaluated for gait, strength and balance problems using Timed Up and Go (TUG) Test.</u></b>  <a href="http://www.cdc.gov/homeandrecreationalafety/pdf/steady/timed_up_and_go_test.pdf">http://www.cdc.gov/homeandrecreationalafety/pdf/steady/timed_up_and_go_test.pdf</a>	