

# Fall History

**Instructions:** Please mark an "X" in the check box that best corresponds to your answer for each question.

1. In the past 6 months, have you fallen down?

☐ No

☐ Yes

**If you answered NO to question 1, please skip to question 2.**

1a. About how long ago was your most recent fall?  months ago /  days ago

1b. In the past year, how many times have you fallen down?

☐ I Don't Know

1c. Did you hurt yourself badly enough to get medical help from any of those falls?

☐ No

☐ Yes

2. In the past 12 months, how worried or afraid are you that you might fall?

☐ Not At All Afraid

☐ Slightly Afraid

☐ Somewhat Afraid

☐ Very Afraid

3. Do you ever limit your activities for example, what you do or where you go, because you are afraid of falling?

☐ No

☐ Yes