**STEADI Fall Risk Assessment**

1. Have you fallen in the past year? 🞏 Yes 🞏 No

If YES:

How Many Times? 🞏 1 🞏 2 or more

Were You Injured? 🞏 Yes 🞏 No

2. Do you feel unsteady when standing or walking? 🞏 Yes 🞏 No

3. Do you worry about falling? 🞏 Yes 🞏 No

Fall Risk

Low Fall Risk = No to all questions

Moderate Fall Risk = Gait, strength or balance problem, and 0-1 falls, with no injury

High Fall Risk = Gait, strength or balance problem, and 1 fall with injury or 2+ falls