

History of falls

- 1) Have you had any falls (slips / trips / near misses) in the last 12 months? If yes, approximately how many?

- 2) Describe types of falls:

- 3) Do you have a fear of falling (0 = No fear at all; 10 = Extreme fear of falling)

No Fear	Neutral								Extreme fear	
0	1	2	3	4	5	6	7	8	9	10

- 4) What is the preferred speed for walking over a distance of 10m (2m before starting point and 2m after ending point) (10m/s) = Gait speed

- 5) Please list all medications that you are currently taking:
