



# BISCHOFF

H A N D S U R G E R Y

Patient name: \_\_\_\_\_ Today's date: \_\_\_\_\_

Yes No

- I have fallen in the past year.**  
*People who have fallen once are likely to fall again.*
- I use or have been advised to use a cane or walker to get around safely.**  
*People who have fallen once are likely to fall again.*
- Sometimes I feel unsteady when I am walking.**  
*Unsteadiness or needing support while walking are signs of poor balance.*
- I steady myself by holding onto furniture when walking at home.**  
*This is also a sign of poor balance.*
- I am worried about falling.**  
*People who are worried about falling are more likely to fall.*
- I need to push with my hands to stand up from a chair.**  
*This is a sign of weak leg muscles, a major reason for falling.*
- I have some trouble stepping onto a curb.**  
*This is also a sign of weak leg muscles.*
- I often have to rush to the toilet.**  
*Rushing to the bathroom, especially at night, increases your chance of falling.*
- I have lost some feeling in my feet.**  
*Numbness in your feet can cause stumbles and lead to falls.*
- I take medicine that sometimes makes me feel light-headed or tired.**  
*Side effects from medicines can sometimes increase your chance of falling.*
- I take medicine to help me sleep or improve my mood.**  
*These medicines can sometimes increase your chance of falling.*
- I often feel sad or depressed.**  
*Symptoms such as not feeling well or feeling slowed down, are linked to falls.*

\_\_\_\_\_ **Total**

If you scored 4 or higher, you may be at risk of falling. Discuss your results with your doctor.