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Patient ID

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Screening ID

Form

URCC 13059 - GAP 70+

Fall History

Version

Amd2

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Patient Initials

● Screening

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?

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☐ 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