

## FALL PREVENTION QUESTIONNAIRE

1. On a scale from 1 to 10, how confident are you in your current balance abilities?
2. Do you feel confident climbing stairs without assistance? If not, please explain.
3. On a scale from 1 to 10, how confident do you feel walking on uneven surfaces (like gravel or a sloping driveway)?
4. On a scale from 1 to 10, how confident are you in your ability to rise from a seated position without using your hands or arms for support?
5. Do you feel confident stepping over obstacles (like a low step or curb)?
6. On a scale from 1 to 10, how confident are you in your strength, particularly in your legs?
7. Do you feel confident carrying items while walking, such as a tray or bag?
8. Do you avoid any specific movements or activities due to fear of falling or lack of confidence? If so, please describe.
9. Are there any movements or activities that you would like to feel more confident performing? If so, please describe.
10. Out of 10, overall how well do you feel you move?

If you would like to you can return this to me at James@jameshilton.fitness or keep it for your own personal records.

Come join the Confidence through movement facebook group - <https://www.facebook.com/groups/583684320048271/>

[www.Jameshilton.fitness](http://www.Jameshilton.fitness)



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