



**Form 3.2**



## FallProof Health and Activity Questionnaire Short Form

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone # (\_\_\_\_) \_\_\_\_\_ Gender: Male ☐ Female ☐

Date of birth \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Person to contact in a case of emergency \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Name of your physician \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

1. Have you been diagnosed with any new medical conditions since the start of the program?

☐ Yes ☐ No

If yes, please indicate name of condition below: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Have you had a joint replaced since the start of the program?

☐ Yes ☐ No

If yes, please indicate which joint was replaced. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Have there been any changes in your medication since the start of the program (dosage or type)?

**Type of medication**

**Dosage**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

4. In general, how would you currently rate the quality of your life?

☐ 1      ☐ 2      ☐ 3      ☐ 4      ☐ 5      ☐ 6      ☐ 7  
Very low      Low      Moderate      High      Very high

5. How much bodily pain have you generally had during the past 4 weeks while doing normal activities of daily living?

☐ 1      ☐ 2      ☐ 3      ☐ 4      ☐ 5      ☐ 6      ☐ 7  
None      Very little      Moderate      Quite a bit      Severe

6. How concerned are you about falling?

☐ 1      ☐ 2      ☐ 3      ☐ 4      ☐ 5      ☐ 6      ☐ 7  
Not at all      A little      Moderately      Very      Extremely

7. In a typical week, how often do you leave your house (to run errands, go to work, go to meetings, classes, church, social functions, etc.)?

☐ less than once      ☐ 1-2 times      ☐ 3-4 times      ☐ almost every day

8. Do you currently participate in regular physical exercise (such as walking, sports, exercise classes, housework, or yard work) that is strenuous enough to cause a noticeable increase in breathing, heart rate, or perspiration?

☐ Yes    ☐ No

If yes, how many days per week?

☐ One    ☐ Two    ☐ Three    ☐ Four    ☐ Five    ☐ Six    ☐ Seven

(continued)

9. Please indicate your ability to do each of the following.

(Place a ✓ in the most appropriate box.)

	Can do	Can do with difficulty or with help	Cannot do
a. Take care of own personal needs (e.g., dressing yourself)	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
b. Bathe yourself, using tub or shower	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
c. Climb up and down a flight of stairs (e.g, second story)	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
d. Do light household activities (e.g., cooking, dusting, washing dishes, sweeping a walkway)	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
e. Do heavy household activities (e.g., scrubbing floors, vacuuming, raking leaves)	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
f. Do own shopping for groceries or clothes	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
g. Walk outside (one or two blocks)	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
h. Walk 1/2 mile (0.8 km, 6-7 blocks)	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
i. Walk 1 mile (1.6 km, 12-14 blocks)	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
j. Lift and carry 10 pounds (4.5 kg, e.g., a full bag of groceries)	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
k. Lift and carry 25 pounds (11 kg, e.g, medium to large suitcase)	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
l. Do strenuous activities (e.g., hiking, calisthenics, moving heavy objects, bicycling, aerobic dance activities, strenuous digging in garden)	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0

10. When you go for walks (if you do), which of the following best describes your walking pace?

- ☐ Strolling (easy pace, takes 30 minutes or more to walk a mile)
- ☐ Average or normal (can walk a mile in 20-30 minutes)
- ☐ Fairly brisk (fast pace, can walk a mile in 15-20 minutes)
- ☐ Do not go for walks on a regular basis