

CHECKLIST

# Fall Risk Factors

Patient \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_  AM  PM

Fall Risk Factor Identified	Present?		Notes
<b>FALLS HISTORY</b>			
Any falls in past year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Worries about falling or feels unsteady when standing or walking?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>MEDICAL CONDITIONS</b>			
Problems with heart rate and/or arrhythmia	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Cognitive impairment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Incontinence	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Depression	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Foot problems	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Other medical problems	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>MEDICATIONS (PRESCRIPTIONS, OTCs, SUPPLEMENTS)</b>			
Psychoactive medications	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Opioids	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Medications that can cause sedation or confusion	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Medications that can cause hypotension	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>GAIT, STRENGTH &amp; BALANCE</b>			
Timed Up and Go (TUG) Test $\geq 12$ seconds	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
30-Second Chair Stand Test: Below average score based on age and gender	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
4-Stage Balance Test: Full tandem stance $< 10$ seconds	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>VISION</b>			
Acuity $< 20/40$ OR no eye exam in $> 1$ year	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>POSTURAL HYPOTENSION</b>			
A decrease in systolic BP $\geq 20$ mm Hg, or a diastolic BP of $\geq 10$ mm Hg, or lightheadedness, or dizziness from lying to standing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>OTHER RISK FACTORS (SPECIFY BELOW)</b>			
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	



Centers for Disease Control and Prevention  
National Center for Injury Prevention and Control

**STEADI** Stopping Elderly Accidents, Deaths & Injuries