



Fall Risk Factor Checklist

RISK FACTORS	Yes	No
History of falls		
Any falls within last 3 months or > 1 fall in past year		
Fear of falling		
Restriction of daily activity to avoid falling		
Hospital admission within last 3 months		
Balance impaired		
Signs or complaints of dizziness		
Signs or symptoms of depression, anxiety or stress		
Arthritis		
Osteoporosis		
Gait (walking) deficits / impairment (anything other than normal walking)		
Muscle weakness		
≥ 80 years of age		
Visual impairment or use of multi-focal lenses (bi-focal, trifocal, etc)		
Improper footwear (unsupportive, slip-on style, heels, worn out shoes, lack of traction)		
Cognitive impairment, confusion or memory loss		
Physical impairment not otherwise listed		
Activity limited by change in health status		
Use of assistive device (walker, cane, crutches, wheelchair)		
Assistive device not used properly		
Assistive device needs repair		
Incontinence or night time trips to bathroom		
Lack of sleep due to insomnia, pain, anxiety, depression or other		
Auditory (hearing) impairment		
Difficulty arising from sitting		
Lack of fluid intake (less than 8 8oz. glasses of fluid per day)		
Inadequate nutrition or poor dietary choices		
Performs multiple tasks at one time		
Room clutter		
Pathway to bathroom is blocked or partially blocked		
Inability to get up off of floor		
Non-compliant or unable to call for help		
Lack of safety awareness		
Substance abuse		
Numbness in one or both feet		
Risk-taking habits – inattention, multi-tasking, rushing, over-reaching, denial of physical limitations, not using assistive device when prescribed		
Medications use: <i>antidepressants (especially Tricyclics), Compazine, anti-hypertensives (blood pressure), anti-epileptics, antihistamines, diuretics, opiate analgesic (pain killers), meds for Parkinson's, incontinence</i>		

Total # of "yes" answers: _____ (Any "yes" answer indicates an injury or fall risk)