Patient name:	Date:	Time:	AM/PM
NHI:	Clinician:		

Falls Risk Factor Checklist

Screening		History
Any trips, slips, falls (or near falls) in past year?	☐ Yes ☐ No	
Can't get out of a chair without using their hands?	☐ Yes ☐ No	
Limits or avoids activities because afraid of losing balance or falling?	☐ Yes ☐ No	

Falls Risk Factor Identified	Factor present?	Notes/Actions taken
Feels unsteady when standing or walking?	☐ Yes ☐ No	
Timed Up and Go (TUG) Test ≥12 seconds	☐ Yes ☐ No	
30-Second Chair Stand Test Below average score (See table on back)	☐ Yes ☐ No	
Four-Stage Balance Test Heel-Toe stance <10 seconds	☐ Yes ☐ No	
At risk of vitamin D deficiency?	☐ Yes ☐ No	
Foot problems?	☐ Yes ☐ No	
Inadequate or improper footwear?	☐ Yes ☐ No	
Any psychoactive medicines, medicines with anticholinergic side effects, medicines that decrease blood pressure or sedatives?	☐ Yes ☐ No	
Any dizziness?	☐ Yes ☐ No	
A decrease in systolic BP ≥ 20 mm Hg, or a diastolic BP of ≥ 10 mm Hg, or light-headedness or dizziness from lying to standing?	☐ Yes ☐ No	
Cognitive impairment?	☐ Yes ☐ No	
Acuity < 6/12 OR no eye exam in > 1 year?	☐ Yes ☐ No	
Continence or urgency problems?	☐ Yes ☐ No	
Problems with heart rate and/or rhythm?	☐ Yes ☐ No	
Depression?	☐ Yes ☐ No	
Other medical conditions or risk factors (specify)	☐ Yes ☐ No	

This resource was developed by bpac[nz] for the Health Quality & Safety Commission based on the STEADI falls campaign by the US Centres for Diseases Control and Prevention (CDC).