

FALL PREVENTION CHECKLIST

Date: _____ **Consumer Name:** _____

Paid Caregiver: Make copies and use with consumer once per month. File with your other documentation for the consumer. Read the underlined directions after each set of questions to see how you must report "Yes" answers.

CONSUMER RISK FACTORS*: Ask the consumer (or observe the consumer) to answer the following questions. In the last month:	Yes	No
C1. Did you experience an urgency or the need to get up many times during the night to use the bathroom?		
C2. Have you stopped doing any activities because you are afraid of falling?		
C3. Has your hand strength decreased?		
C4. Has your eyesight diminished?		
C5. Did you have pain or numbness that caused you to adjust your steps?		
C6. Did you feel unsteady on your feet?		
C7. Did you shuffle when you walked?		
C8. Did you have less strength in your arms and legs?		
C9. Did you feel dizzy when you stood up?		
C10. Did you ever wear socks only, or slippers without rubber soles?		
C11. Did you have trouble transferring into or out of your wheelchair?		
C12. Did you feel as if you may slide out or tip while in your wheelchair?		
C13. Did you think that your wheelchair/assistive device may need servicing?		

***Note: For the consumer risk factors, do not provide treatment or instruction to consumer for conditions unless it is within your practice guidelines and is listed on the consumer's ASP or plan.**

*Reporting for Consumer Risk Factor questions: document and report ALL items marked "Yes" to your supervisor. (Non-agency providers, report 'Yes' items to the CareStar case manager.)

FALL PREVENTION CHECKLIST - continued

ENVIRONMENTAL RISK FACTORS: Observe the consumer's environment to answer the following questions. Document in your daily notes how you helped reduce any of the problems marked "Yes".	Yes	No
E1. Do carpets, rugs, and floor coverings have frayed corners or rolled-up edges?		
E2. Are there throw rugs, especially in walkways?		
E3. Are chairs and couches low to the ground?		
E4. Is it necessary for consumer to get out of chair or bed, or reach far, to answer phone or get items, or to turn on lights, etc?		
E5. Are there phone, light, fan or T.V. cords on the floor, especially in walkways?		
E6. Is there clutter (newspapers, boxes, shoes, etc.) on the floor?		
E7. Does the consumer need to walk (or steer) around furniture?		
E8. Is it dark in the stairwell or hallways?		
E9. Are there small pets underfoot?		
E10. Are handrails missing or loosely attached to the wall?		
E11. Does the consumer have to reach, bend, or climb to get kitchen items or foods?		
E12. Is there liquid, food, grease, or other clutter on the floor in the kitchen?		
E13. Does the consumer grab onto towel racks while in the bathroom?		
E14. Is it difficult for the consumer to stand during a shower?		
E15. Is the shower floor and/or bathtub slippery?		
E16. Is there water on the floor after a bath/shower? Are there leaks?		
E17. Is it necessary to reach far or turn around to get towels, shampoo, and soap?		
E18. Is it difficult for the consumer to get on and off the toilet?		
E19. Are outside paths unsafe or cluttered, (this includes snow or ice on path)?		

Provider Signature _____ **Date** _____

Reporting for Environmental questions: if the problem still persists after you tried to help, report "Yes" supervisor. (Non-agency providers, report 'Yes' items to the CareStar case manager.)
 CareStar, 12/2006

