DDS
Department of Developmental Services

Falls Risk Checklist

To be completed by staff or support person for an individual. A falls risk assessment should be completed upon admission to services, and as needed after any change in condition

Name of Individual_____

Date: _____

When assessing an individual's risk for falling, consider the following significant factors. An individual's risk for falling increases with the number of checked items. Check if applicable to individual	**Check if applicable to individual**
Did the individual experience any fall(s) in the: Last month? ☐ Last 3 months? ☐ In the last year? ☐	☐
Is the individual confused (i.e., unable to make purposeful decisions, has disorganized thinking and memory impairment)?	☐
Is the individual agitated (i.e., shows fearful affect, makes frequent movements, or is anxious)?	☐
Are there any alterations in urination (e.g., frequency, urgency, incontinence)?	☐
Is the individual's vision impaired (with and without glasses)	☐
Is the individual's hearing impaired?	☐
Is the individual taking more than four prescription drugs?	☐
Does the individual have a seizure disorder?	☐
Does the individual have a history of postural hypotension/dizziness?	☐
Does the individual have weak arm or leg strength?	☐
Does the individual have unsteady balance?	☐
Does the individual need verbal or physical assistance when walking or transferring? (i.e. from a bed to standing position)?	☐
Does the individual require a walking aid?	☐
Any recent change in Functional Status and/or Medications affecting safe mobility	☐
Age > 65 years of age?	☐

Name of person completing the tool: _____ Date:_____

Remember: The more risk factors that are checked for a person, the more they are at risk of a fall. Based on this information, staff may need to consider a more thorough falls assessment.

References: https://www.physio-pedia.com/Falls_Risk_Assessment_Tool_(FRAT)
https://onlinelibrary.wiley.com/doi/full/10.1111/jar.70253
https://www.sciencedirect.com/science/article/pii/S0891422213002333