



TOOL:

## Documenting a fall

If a fall does happen, it's helpful to capture details about the fall and any injuries. You can share these details with your care team and use them to identify any changes that can reduce the likelihood of a fall happening again.

**After a fall** (whether you witnessed it or not), try to capture as much detail as possible.

Person who fell:

Date of the fall:

Time of the fall:

Location of the fall:

Bedroom

Shower/bathtub

Toilet

Stairs

Sidewalk

Other:

**What was happening when the person fell?** Describe what the person was doing when the fall happened (e.g., reaching for something, walking outside, getting up from bed or a chair):



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**Are you aware of any specific factors** that may have contributed to the fall?

Poor or low visibility  
(e.g. nighttime or limited lighting)

Obstacles or clutter  
(e.g. crowded furniture or loose cables)

Uneven flooring  
(e.g. loose rugs)

Unsafe stairs  
(e.g. no handrails or uneven steps)

Footwear issues  
(e.g. worn slippers, slippery socks)

Rushing or moving quickly  
(e.g. rushing to the bathroom)

Avoiding assistive devices  
(e.g. not using walker)

Medication effect  
(e.g. dizziness)

Other:

**Before the fall,** were there any changes to how the person was feeling physically or emotionally?

Tiredness or fatigue

Dizzy or lightheaded

Difficulty with balance or co-ordination

Feeling weak or faint

Vision changes

Pain

Confusion

Sadness or depression

Other:

**Note any medications taken** within the previous 24 hours leading up to the fall, including the dosage and the time they were taken:



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**Was the person able to get up** from the fall independently, without being lifted by another person?

**Yes.**

**No.** If no, describe what support was required:

**Describe any injuries** that resulted from the fall:

**After the fall occurred,** what medical care was accessed? (Select all that apply)

Called paramedics and the person was assessed at home

Visited the family doctor or walk-in clinic

Called paramedics and the person was transported to hospital

Had an in-home assessment (e.g., nurse)

Went to the emergency department

Virtual or phone medical consult

Admitted to hospital

None

Other:

**Additional** details/comments: