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| PLEASE COMPLETE AS MUCH AS POSSIBLE **EVEN IF** **UNWITNESSED** – **THIS DOCUMENT TO BE UPLOADED TO RISKMAN GENERATED FOR FALL**  IF KNOWN WHAT HAPPENED, WHERE AND WHEN DID THEY FALL | | |
| UNIT/RACF Date of Admission | Yes or No | Comment |
| Name | |  |
| Diagnosis | |
| Age |  |
| Time of Day |  |
| What does the staff believe caused the fall? | comment |
| What does the consumer believe caused the fall? | comment |
| Fall – CIRCLE W -Witnessed or U - unwitnessed | **W U** |
| **Postural Differences** |  |  |
| BP - Lying (document ) |  |
| BP - sitting (document) |  |
| Did they have postural hypotension signs (comment also) |  |
| **Posture** | | |
| Does the person use a walking aid? . Type |  |  |
| If the person walks unassisted- do they |  |
| Exhibits signs of excessive curvature of the spine |  |
| Stands with the legs spread further than shoulder width |  |
| Sways when standing still |  |
| **Gait - Do they .....** | |
| Walk without an aid |  |
| shuffle, have a short step length |  |
| walk in a straight line |  |
| gait appear symmetrical |  |
| **ADLs** | |
| On a toileting regime |  |
| Has any continence issues (frequency, urgency) |  |
| **Medications (note in comments)** | | |
| Any PRN in last 8 hours (drug, dose and time administered) |  |  |
| If on antihypertensive which one/s |  |  |
| If on antipsychotics which one/s |  |  |
| If blood thinning medication which one/s |  |  |
| If on anticonvulsant medication, which one/s |  |  |
| Any ECT administered in past 24 hours |  |  |
| Blood sugar levels done (write level in comments) |  |  |
| **Incident Area and Activity** | | |
| Which room/area |  |  |
| Walking |  |
| Turning |  |
| Transfer to / from chair |  |
| Transfer to / from bed |  |  |
| Transfer to / from commode / toilet |  |
| Standing to / from sitting |  |
| Leaning while sitting |  |
| Aggressive / resistive behaviour |  |
| Lost balance / Fell backwards |  |
|  |
| Lost balance in any direction |  |
| Slid to floor |  |
| Ascending / descending stairs / steps |  |
| Slipped / tripped on indoor surface |  |
| Slipped / tripped on outdoor surface |  |
| Flooring and condition |  |
| Footwear (slipper, socks, barefoot) |  |
| Was footwear appropriate (loose, ill fitting, worn) |  |
| Was clothing appropriate (loose, ill fitting) |  |
| Bending over |  |
| If smoker have they had a cigarette recently |  |
| Have they recently been involved in Exercise |  |
| Performing ADLs ( state which ones) |  |
| Vision impaired – using or not using glasses? |  |
| Hearing impaired – using or not using hearing aids? |  |
| Walking aid (e.g., stick, frame, wheelchair) |  |
| Protective aid (e.g., helmet, hip protector) |  |
| **ACUTE ENVIRONMENTAL ASSESSMENT** | | |
| **BEDROOM** |  |  |
| Was the bed at the lowest height for safety of the consumer (i.e., so they can sit and touch the floor with their feet, with their legs at 90 degrees)? |  |
| Was the room free of clutter? |  |
| Was the room free of cords and other hazards on the floor? |  |
| **FURNITURE** |  |  |
| Was the chair of correct height (i.e., allows the consumer to have feet on ground and legs at 90 degree angle)? |  |
| Can the consumer reach the footstool when required? |  |
| **BATHROOM/SHOWER/TOILET AREAS** |  |  |
| Was a seat near to the shower |  |
| Was a shower seat or over toilet seat available |  |
| Were there handrails |  |
| Was the area free of clutter? |  |
| **OTHER FACTORS** |  |
| Were other people present when they fell? How many? |  |
| **Any other Comments** | | |



Figure S1. Kaplan Meier figure showing risk of fall by sex after adjusting for age



Figure S2. Kaplan Meier figure showing risk of fall by dementia after adjusting for age and sex



Figure S3. Kaplan Meier graph showing risk of fall by dementia and sex after adjusting for age