

### Tool 3: Preadmission falls questionnaire

Please take a few moments to complete the following questions. Once completed, a member of staff will discuss this with you. This information will help to develop a falls care plan suited to your needs. Evidence shows that falls can be reduced when a person's risk of falls is assessed and actions are taken to reduce risk.

Resident's name:

1. How many falls have you had in the past 12 months?

2. Where were you when you fell?

3. What were you doing when you fell?

4. Do you use any of the following to help keep you safe?

Walking aid

Raised toilet seat

Bed rails

Sensor mats

Hospital bed

Wheelchair  
(electric or manual)

Moving and handling equipment

5. Have you ever completed a falls risk assessment and/or had any support to reduce your risk of falls?

Resident or carer signature:

Staff signature:

Date: