

Ten Questions at the Time a Resident Falls

1. **Ask resident: How are you?**
2. **Ask resident: What were you trying to do?**
3. **Ask resident of determine: What was different this time?**
4. **Position of the resident?**
 - a. **Did they fall near a bed, toilet or chair? How far away?**
 - b. **On their back, front, left side or right side?**
 - c. **Position of arms and legs?**
5. **What was the surrounding area like?**
 - a. **Noisy? Busy? Cluttered?**
 - b. **Poor lighting? Visibility?**
 - c. **Position of furniture and equipment? Bed height?**
6. **What was the floor like?**
 - a. **Wet floor? Urine on floor? Uneven floor? Shiny floor?**
 - b. **Carpet or tile?**
7. **What was the resident's apparel?**
 - a. **Shoes, socks (no-skid?) slippers? Bare feet?**
 - b. **Poor fitting clothing?**
8. **Was the resident using an assistive device?**
 - a. **Walker, cane, merry walker, wheelchair, other?**
9. **Did the resident have glasses or a hearing aide on?**

10. Who was in the area when the resident fell?