Fall Prevention Checklist

Walk through your home room by room and make each space safer.



WHY IT HELPS

A loose rug, a dark hallway or a slippery tub are easy to miss when you see them every day. Checking one room at a time turns a big worry into small fixes you can finish. Keep the list, so family can help with the jobs that need two hands.

FOUR SMALL STEPS

Walk	Go room by room with this list, with a family member if you can.
Check	Tick Safe or Fix for each line.
Fix	Copy each Fix to your fix list, with who will do it and by when.
Talk	Bring your notes to your doctor and ask about medicines, eyes, feet and balance.

WHAT IS INSIDE

Example
A filled room page to show you how.

Room by room
Two pages, from the front door to the bedroom.

My fix list
Who will fix what, and by when.

Falls and my next visit
Any falls, and what to ask.

Check at night too. Walk from your bed to the bathroom with the lights you would really use at night. Dark spots show up fast.

Room by room

Tick Safe if it is fine, or Fix if it needs work.

CHECKED ON: Saturday, April 11

CHECKED WITH: My daughter, Grace

1 Floors and walkways

Every room and hallway

	SAFE	FIX
Paths through each room are clear of boxes, shoes and clutter	☐	☑
Rugs are gone, or held flat with non-slip backing or tape	☐	☑
Cords and wires run along the wall, not across the floor	☑	☐
Furniture leaves plenty of room to walk around	☑	☐

Notes: Hall runner slides. Grace will buy rug tape.

2 Stairs and steps

Inside and out

	SAFE	FIX
There is a sturdy handrail on both sides, top to bottom	☐	☑
There is a light at the top and bottom, with a switch at each end	☑	☐
Steps are even, with no loose carpet or broken edges	☑	☐
Nothing is left sitting on the stairs	☐	☑
The edge of each step is easy to see	☑	☐

Notes: Only one rail. Ask Tom to fit a second one.

3 Kitchen

	SAFE	FIX
Things I use every day are between waist and shoulder height	☐	☑
If I need to reach higher, I have a steady step stool with a handle	☑	☐
Spills get wiped up right away	☑	☐

Notes: Move mugs and plates to the lower shelf.

4 Front door and outside

	SAFE	FIX
Paths and outside steps are even and well lit	☑	☐
Leaves, snow and ice are cleared from the paths	☑	☐
There is a light by the door, so I can see the lock	☐	☑

Notes: Porch bulb is out.

Room by room

Tick Safe if it is fine, or Fix if it needs work.

CHECKED ON _____ CHECKED WITH _____

1 Floors and walkways

Every room and hallway

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Furniture leaves plenty of room to walk around	☐	☐

Notes _____

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Inside and out

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The edge of each step is easy to see	☐	☐

Notes _____

3 Kitchen

	SAFE	FIX
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Notes _____

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	SAFE	FIX
Paths and outside steps are even and well lit	☐	☐
Leaves, snow and ice are cleared from the paths	☐	☐
There is a light by the door, so I can see the lock	☐	☐

Notes _____

Room by room, continued

Tick Safe if it is fine, or Fix if it needs work.

CHECKED ON

CHECKED WITH

5 Bathroom

	SAFE	FIX
There is a non-slip mat or strips in the tub or shower	☐	☐
There are grab bars by the toilet and in the tub or shower	☐	☐
A night-light lights the way to the bathroom	☐	☐
A shower seat or raised toilet seat is in place, if it would help	☐	☐

Notes

6 Bedroom

	SAFE	FIX
I can reach a lamp or light switch from bed	☐	☐
The path from the bed to the door and bathroom is clear	☐	☐
I can reach a phone from bed	☐	☐

Notes

7 Me

Shoes, eyes, medicines and moving

	SAFE	FIX
My shoes and slippers fit well, stay on and have good grip	☐	☐
My glasses are up to date, and I wear them	☐	☐
I get up slowly after sitting or lying down	☐	☐
I stay active with things that build strength and balance	☐	☐
My doctor or pharmacist has looked at all my medicines	☐	☐

Notes

8 If I fall

A plan before I need one

	SAFE	FIX
I can call for help from the floor, with a phone or alert button	☐	☐
Someone checks in with me every day	☐	☐
I know how to get up safely, or how to stay warm until help comes	☐	☐

Notes

My fix list

Copy each Fix here. Start with the stairs and the way to the bathroom.

WHAT TO FIX	ROOM	WHO WILL DO IT	BY WHEN	DONE
				☐
				☐
				☐
				☐
				☐
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				☐
				☐
				☐

Falls and my next visit

Write down any fall or near fall, even if you were not hurt. Your doctor will want to know.

1 Falls and near falls

DATE	WHERE	WHAT HAPPENED	WAS I HURT?
			Yes No
			Yes No
			Yes No
			Yes No
			Yes No
			Yes No
			Yes No
			Yes No

2 What I want to ask about

Tick all that apply

- [ ] My medicines
- [ ] Dizzy when I stand
- [ ] My eyes
- [ ] My feet and shoes
- [ ] My balance
- [ ] Fear of falling

Other _____

FOR MY NEXT APPOINTMENT

Questions or changes to raise with my doctor, pharmacist or care team.