MINI FALLS ASSESSMENT

NAME	SEX	AGE	PLACE OF RESIDENCE

		YES	NO
1.	Less than 7 medicines	☐	☐
2.	**Not receiving:**		
	Antipsychotics or	☐	☐
	Antidepressives or	☐	☐
	Benzodiazepines	☐	☐
3.	Receiving Vitamin D or 25(OH) vitamin D level >25ng/ml	☐	☐
4.	Systolic blood pressure >130 mm Hg	☐	☐
5.	**No standing BP drop:**		
	On standing <10mmHg	☐	☐
	At 3 min <20mmHg	☐	☐
6.	Sitting with buttocks behind trunk	☐	☐
7.	**Able to rise from chair:**		
	With assistance	☐	☐
	Without assistance	☐	☐
8.	**Balance:**		
	Center of balance not backward	☐	☐
	Stand with eyes shut	☐	☐
	Stand on one leg	☐	☐
	No obvious body sway standing still	☐	☐
9.	**Gait:**		
	Lifts foot off ground	☐	☐
	Space between feet	☐	☐
	Knee flexion	☐	☐
	Heel strike	☐	☐
	Step over keys	☐	☐
	Turns without loss of balance	☐	☐
	Doesn't stop when asked capital of country	☐	☐
10.	No fear of falling	☐	☐
11.	No foot deformity	☐	☐
12.	No cataracts nor bifocals	☐	☐
13.	Not fatigued	☐	☐
14.	Can walk one block	☐	☐
15.	Can climb one flight of stairs	☐	☐
16.	Not lost >5% of weight in 6 months	☐	☐
17.	No Fall in last 6 months	☐	☐

TOTAL

Any checks in the NO column should be addressed immediately.

From: Morley JE, Rolland Y, Tolson D, Vellas B. Increasing awareness of the Factors Producing Falls: The Mini Falls Assessment. J Am Med Dir Assoc. 2012;13(2):87-90.