

## **Winchester Falls Project – Structured Secondary Assessment Domains**

### **Question 1 – Basic information**

Name:  
Address:  
GP:  
DOB:  
Date of assessment:  
Date of referral:

### **Question 2 – Home**

House/flat/bungalow/sheltered/RH/NH/independent

### **Question 3 – Walks**

Independent/stick/frame

### **Question 4 – Carers**

Independent/family/carers

### **Question 5 – Bowels**

Independent/continent or continent with help or incontinent occasionally or incontinent or stoma  
Continence aids

### **Question 6 – Bladder**

Independent/continent or continent with help or incontinent occasionally or incontinent or catheter  
Continence aids

### **Question 7 – Falls history**

How many times has/she or he fallen before this last fall: once/2-5/>5

Has the patient sustained an injury during any fall: yes/no

If yes, which sort:

Head injury: yes/no

Fracture/dislocation: yes/no (please specify)

Laceration requiring medical attention: yes/no

Bruising: yes/no

Others: yes/no (please specify)

Definite slip/trip: yes/no

Loss of consciousness: yes/no

Associated dizziness/palpitations: yes/no

Vertigo: yes/no

Presyncope: yes/no

**Question 8 – Drug history**

List all medications (including over the counter and prescribed)

**Question 9 – Drugs**

Is the patient taking any of the following drugs:

- Diuretics
- Hypnotic/sedative
- Antidepressant
- Digoxin
- Cardiovascular
- Anti-parkinsonian

**Question 10 – Alcohol consumption**

CAGE score

Total number of units/week

**Question 11 – Smoking**

Do you smoke: yes/no

If yes: cigarettes/pipe/cigars

**Question 12 – Past medical history**

Heart disease

Stroke/TIA

Respiratory disease

Hypertension

Diabetes

Epilepsy

Parkinson's disease

Visual problems: wears glasses and last eye check within 2 years

Joint disease

Other neurological disease

Other diseases:

**Question 13 – Examination BP**

Weight

BP lying

BP standing immediately

BP at 1 minute

BP at 3 minutes

**Question 14 – MTS****Question 15 – Vision**

Visual acuity with glasses/pin hole:

Right

Left

**Question 16 – Pulse**

**Question 17 – Rhythm**

**Question 18 – Heart sounds**

**Question 19 – Cranial nerves**

Range of eye movements

Visual fields

Fundi

Pupils

Other findings

**Question 20 – Peripheral neurology**

Tone (right and left)

Power (right and left)

Reflexes (right and left)

Sensation (right and left)

Cerebellar (right and left)

**Question 21 – Chest examination**

**Question 22 – Abdominal examination**

**Question 23 – Other findings**

**Question 24 – Mobility/gait**

Aid used and pattern

Pattern

Heel strike

Stance

Stride

Other

Stairs

**Question 25 – Joint range and muscle strength**

Joint range

Upper limbs

Cervical spine

Lower limbs

Lumbar spine

Muscle strength

Upper limbs

Cervical spine

Lower limbs

Lumbar spine

**Question 26 – Getting up from the floor**

Pattern: independently/assistance x 1/assistance x 2/unable

Comment:

**Question 27 – Transfers**

Bed

Chair

Toilet

Bath (reported)

**Question 28 – Equipment**

Equipment already in situ

**Question 29 – Domestic activities of daily living (reported)**

Make a hot drink

Prepare a meal

Washing up

Use cooker

Cleaning

Laundry

Shopping

Carrying and lifting

**Question 30 – Personal activities of daily living (reported)**

Wash and dry self

Dress and undress

Clothes fastenings

Stockings and socks

Shoes and slippers

Personal care

**Question 31 – Timed unsupported steady stand**

Time in seconds for unsupported/single hand/ double hand stand

Distance between heels

**Question 32 – 180 degree turn**

Number of steps

Time in seconds

**Question 33 – Functional reach**

Done standing in dominant arm (measured in inches)

**Question 34 – 6 meter timed walk**

Time in seconds

Number of steps

**Question 35 – Single leg stand**

Right leg

Left leg

**Question 36 – Clothing and footwear hazards**

Clothing

Footwear

Chiropodist: yes/no

**Question 37 – Pain**

Pain: no pain/ongoing chronic pain/acute and intermittent pain/ongoing and acute

Description

**Question 38 – Problem list**

**Question 39 – Action list**

**Question 40 – Likely cause of fall**

Musculoskeletal

Cardiovascular

Environmental

Medication

Vision

Alcohol

Other

Combination

Comments

**Question 41 – Risk factor for falls**

Medication

Vision

Alcohol

Postural hypotension

Footwear

Mobility

Medical – neurological

Medical – musculoskeletal

Medical – cardiovascular

Environmental

Other

Combination

Comment

**Question 42 – Planned investigations and/or interventions**

**Question 43 – Follow-up arrangements/referrals**

**Question 44 – Timings**

Doctor:

Physiotherapist:

Nurse:

Occupational therapist:

Other (please specify):