FALLS ON STAIRS

Initial Questionnaire

Disclaimer: This checklist is intended to obtain basic information only in cases involving falls on stairs. It is not comprehensive, customised to an individual case or representative of expert opinion or advice. This list is generic so only some questions will be relevant. There may be some overlap in questions.

ABOUT YOU

Name:		Which is your preferred hand?	☐ Left ☐ Right ☐Both
Contact number:		How would you rate your visual health?	☐ Perfect ☐ Medium ☐ Impaired
Date of birth:		Do you wear prescription glasses?	☐ Yes, always ☐ Sometimes ☐ Only for reading ☐ No
Height:		If yes to the above, when did you start wearing glasses?	
Weight: *(at time of incident)*		Were you wearing any prescription glasses at the time of the incident?	☐ Yes ☐ No ☐ Didn't need them

PERSON COMPLETING CHECKLIST *(if different to above, e.g. solicitor, partner)*

Name:	
Date:	

INCIDENT DETAILS

1. Date of incident: _____ 2. Time of incident: _____
3. Incident location:
   - Site name *(e.g. Westfield Chullora)* _____
   - Address _____
   - Specific location *(e.g. front door stairway)* _____
4. What exactly happened? _____

A sketch with approximate dimensions, showing direction of travel, would be helpful here.

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INCIDENT DETAILS *(continued)*

5. Did you fall because:

☐ **A)** *You **lost traction** under your foot and slipped?* OR
☐ **B)** *Your foot struck and **tripped** against something?* OR
☐ **C)** *You stumbled or **mis-stepped**?*

Provide any further information below:

6. When the incident occurred, where were you intending to go ***to*** and ***from***?
7. Were you bumped by anybody?
8. Was anyone else nearby?
   If yes, please provide details.
9. Did you fall forwards, backwards, or sideways?
10. Were there any warning signs or barriers that you recall (preceding or at the incident location)?
    If yes, please provide details.
11. Were you accompanied?
    If yes, where were they at the time of the fall?
12. Were there any witnesses?
    If yes, please provide details.
13. Had you been around the incident area on previous occasions? If, yes when and how often?
14. Do you know if anyone else has fallen around the incident area? If so, provide details.

GAIT, FOOTWEAR & CLOTHING

15. Were you in a hurry?
16. At what speed were you walking (e.g. fast pace, normal pace, slow pace)?
17. What were you wearing (including PPE, if applicable)?
18. What footwear were you wearing?
19. Were they slip on or lace-up type shoes?
20. Were your shoe soles in good condition?
    If not, please provide details.
21. Do you still have the footwear?

CONDITIONS IN THE AREA

22. Describe the nature of the surface where the incident occurred (e.g. concrete, vinyl, tile, painted, polished, worn)?

23. Was the surface clean?

24. Was the surface wet, dry or contaminated with some type of substance? If it was contaminated, do you know type and the source of contamination? If it was a spillage, do you know how long it had been there and what colour was the spillage?

25. Was the surface smooth or rough?

26. Was the surface level?

27. Was the surface unsteady? If yes, please provide details (e.g. loose decking or rocky path).

28. If outside, was it (or had it recently been) raining? If yes, when?

29. If the incident involved a ramp or travelator, what was it surfaced with (e.g. rubber, metal, timber, carpet)?

30. If the incident involved stepping into a hole or irregularity, or tripping on a lip or edge, please estimate its dimensions and location relative to the path you were taking.

If the incident involved a stairway, please answer the following (questions 31 to 38); otherwise skip to 39.

31. Were you walking up or down the stairway?

32. Where on the stairway did the incident occur (e.g. near the top, middle, bottom)?

33. Please describe the surface of the stair's treads (e.g. carpet, timber etc)

34. Was the stairway fitted with handrails? If so, on both sides or just one.

35. Were the edges of the steps specially identified or delineated in any way? If yes, please provide details (e.g. contrasting edge strips).

36. Describe the condition of the stairways (e.g. steep, uneven steps, broken or damaged)?

37. Did the stairway have an inconsistent step size?

38. Was the stairway overly steep or shallow?

If the incident involved a single step, please answer the following (questions 39 to 40); otherwise skip to 41.

39. Was the edge of the step delineated in any way?

40. Were you aware that there was a change of level at the step?

VISION AND FATIGUE

41. Could you see clearly ahead when the incident occurred?

42. If applicable, what was the state of the lighting where you fell?

43. Were there shadows in your path?

44. Was anything blocking your vision?

45. Where were you looking just before you fell?

46. Had you come out of a dark area into a light area, or vice versa, just before falling?

47. Were there reflections which affected your ability to see what was in front of you?

48. Were you tired at the time?

ADDITIONAL INFORMATION

49. Were you carrying anything?
If yes, please provide details.

50. What do you think caused your fall?

51. What do you think would have prevented this fall?

52. Is there any CCTV, video or photographs of the incident or the incident area?

MEDICAL HISTORY

53. Do you have any history of dizziness or fainting?

54. On or before the incident, had you taken any medicine, drug, alcohol or substance likely to affect your gait, balance or vision?

OTHER COMMENTS

55. Please provide any other comments you wish to make:

Thank you for your assistance with this questionnaire.
Please return it as soon as you can.