



Home Falls and Accidents Screening Tool (HOME FAST) Self-report version

1. Do you use a walking aid to walk around at home?

(Circle one only)

No 0

Yes 1

2. Do you have any floor mats at home?

(Circle one only)

No 0

go to Q3

Yes 1

If yes: (Circle on one each line)		No	Yes
a	Do all the mats have slip resistant or rubber backs?	0	1
b	Are the mats secured to the floor?	0	1

3. Do you have any carpeted floors at home?

(Circle one only)

No 0

go to Q4

Yes 1

If yes:		No	Yes
a	Are all carpets free of lumps, holes, tears, loose threads etc.	0	1

4. Do you have any tiled or shiny floors at home?

(Circle one only)

No 0

go to
Q5

Yes 1



If yes are they: (circle one on each line)		Yes	No
a	In the kitchen?	1	0
b	In the laundry?	1	0
c	In the bathroom?	1	0

5. Do your walkways or hallways have:

(Circle one on each line)

		No	Yes
a	Cords lying across them?	0	1
b	Furniture in them?	0	1
c	Items blocking doorways/doors?	0	1
d	Raised thresholds in doorways?	0	1
e	Any other objects or bits and pieces in them?	0	1

6. At night when you have your room lights on:

(Circle one on each line)

		No	Yes
a	Are your rooms generally bright enough to read a newspaper?	0	1
b	Are there any dark shadows across the hallways or floors in your home at night?	0	1

7. These questions are about your lighting at home:

(Circle one on each line)

		No	Yes
a	Can you turn a light on beside your bed without getting out of bed?	0	1
b	Do you turn ALWAYS a light on when getting up at night?	0	1
c	Do you use a nightlight that is left on all night to illuminate the route to the bathroom or toilet?	0	1
d	Do you have a bright light over the back door?	0	1
e	Do you have a bright light over the front door?	0	1
f	Are there any shadows across your outdoor paths at night?	0	1
g	Do you have any excess glare at home during the day?	0	1

8. These questions are about your usual lounge chair:

(Circle one on each line)

		No	Yes
a	Does your chair have soft or deep cushions?	0	1
b	Does it take you several attempts to get up out of your sitting chair?	0	1
c	When you lower yourself into the chair can you do so without falling back into the chair?	0	1

9. These questions are about your bed:

(Circle one on each line)

		No	Yes
a	Is your bed the right height for you (not too high or low)?	0	1
b	Does your bed have a firm mattress?	0	1
c	Does it take you several attempts to get up from the side of the bed?	0	1
d	When you lower yourself onto the bed can you do so without falling back onto the bed?	0	1

10. These questions are about your toilet:

(Circle one on each line)

		No	Yes
a	Is the toilet the right height for you – with or without a raised toilet seat (not too high or low)?	0	1
b	Do you have to hold onto a sink or other surface to get up from the toilet?	0	1
c	Do you have a grab rail fitted beside the toilet?		
d	Does it take several attempts to get up from the toilet?	0	1
e	When you lower yourself onto the toilet can you do so without falling back onto the toilet?	0	1
f	Is your toilet inside the house?	0	1
g	Are there any steps/stairs between the toilet and your bedroom?	0	1
h	Is there a long walk between the toilet and your bedroom?	0	1

11. Do you get into a bath-tub to bathe?

(Circle one only)

No 0

go to Q12

Yes 1



If yes: (Circle one on each line)		No	Yes
a	Can you safely step over the edge of the bath?	0	1
b	Can you lower yourself into the bottom of the bath and get up again?	0	1
c	Do you use non-slip mats or strips in the bath tub?	0	1
d	Do you have a grab rail beside the bath?	0	1
e	If yes, can you use the grab rail?	0	1

12. Do you use a shower over the bath?

(Circle one only)

No 0

go to
Q13

Yes 1



If yes: (Circle one on each line)		No	Yes
a	Do you stand in the bath to shower?	0	1
b	Do you use a bath board/seat?	0	1
c	Do you have to hold on to anything to get in and out of the bath when showering?	0	1
d	Do you have a grab rail?	0	1
e	Do you use non-slip mats or strips in the bath?	0	1

13. Do you use a shower recess?

(Circle one only)

No 0

go to
Q14

Yes 1



If yes: (Circle one on each line)		No	Yes
a	Can you step over the shower hob? (the step or door tracks for the recess)?	0	1
b	Do you have to hold on to anything to get in and out of the shower recess when showering?	0	1
c	Do you have a grab rail inside the shower recess?	0	1
d	Do you use non-slip mats or strips in the shower recess?	0	1
e	Do you use a shower chair/stool	0	1

14. These questions are about your kitchen:
(Circle one on each line)

		No	Yes
a	Can you reach items in the kitchen without bending?	0	1
b	Can you reach items in the kitchen without climbing or standing on something?	0	1
c	Do you eat in the kitchen?	0	1
d	Can you carry meals with both hands?	0	1
e	Do you push meals on a trolley?	0	1

15. Do you have steps or stairs at home (indoors or outdoors)? (Circle one only)

No	0	If no go to Q16
Yes	1	



If yes: (Circle one on each line)		No	Yes
a	Are any of the steps too high to use easily?	0	1
b	Are any of the treads too narrow for your foot?	0	1
c	Are any of the treads uneven?	0	1
d	Do you get tired/breathless using the steps/stairs?	0	1
e	Is it difficult to balance on the steps/stairs?	0	1
f	Are the edges of the steps/stairs easy to see?	0	1
g	Do you have a patterned floor covering on any of the steps/stairs?	0	1
h	Is there enough lighting to see the steps/stairs?	0	1

15a. Do you have INDOOR steps or stairs at home?

(Circle one only)

No 0
Yes 1

If no
go to
Q15b



i	For ALL indoor steps/stairs: Are there hand rails along the full length of the steps /stairs?	0	1
j	For ALL indoor steps/stairs: Are the rails easy to put your hand around?	0	1
k	For ALL indoor steps/stairs: Are the rails firm and sturdy?	0	1

15b. Do you have OUTDOOR steps or stairs at home?

(Circle one only)

No 0
Yes 1

If no
go to
Q16



l	For ALL outdoor steps/stairs: Are there hand rails along the full length of the steps /stairs?	0	1
m	For ALL outdoor steps/stairs: Are the rails easy to put your hand around?	0	1
n	For ALL outdoor steps/stairs: Are the rails firm and sturdy?	0	1

16. **Please answer the following questions:**
(Circle one on each line)

		No	Yes
a.	Is there a landing at the entrance door?	0	1
b.	Is it easy to lock and unlock the entrance door?	0	1
c.	Can you open your screen door without stepping backwards down any entrance steps?	0	1

17. **These questions are about your yard at home:**
(Circle one on each line)

		No	Yes
a.	Are your outdoor paths cracked?	0	1
b.	Are there any loose pavers in your outdoor paths?	0	1
c.	Do you have gravel walkways at home?	0	1
d.	Are your paths overgrown with plants/grasses/roots?	0	1
e.	Are there overhanging trees over your paths?	0	1
f.	Are there any objects across your paths (e.g. hoses)?	0	1

18. **Do you go barefoot at home (indoors or outside)?**
(Circle one only)

No	0
Yes	1

19. **Do you ALWAYS wear supportive shoes when walking indoors or outdoors?**
(Circle one only)

No	0	go to Q20
Yes	1	

If yes: (Circle one on each line)		No	Yes
a	Are your shoes firm fitting?	0	1
b	Do your shoes have low heels?	0	1
c	Do your shoes have a non-slip sole?	0	1

20. Are you responsible for any animals at home?

(Circle one only)

No 0

Yes 1



If yes: (Circle one on each line)		No	Yes
a	Do they get underfoot when you feed them?	0	1
b	Do you put your pets' food bowl on the floor when you feed them?	0	1
c	Do you have to exercise your pets?	0	1

Authors:

Hassani Mehraban, A., Mackenzie, L. & Byles. (2008). *Home Falls and Accidents Screening Tool – Self report version*. Cited in Hassani Mehraban, A. (2008). *An application of the International classification of functioning, Disability and Health for understanding falls risks among older community-dwelling women in Australia*. Unpublished doctoral thesis, University of Newcastle, NSW, Australia.

For further information contact: Dr. Lynette Mackenzie, University of Sydney: l.mackenzie@usyd.edu.au

Conversion of self report scores to 25 item HOME FAST scores

Home FAST	Self report HOME FAST
1. Walkways free of clutter =1	No:6 a,b,c,d,e(if any scored YES)
2. Floor covering in good condition =1	No:3 a (if scored NO)
3. Are floor surfaces non-slip =1	No:4 a,b,c(if any scored YES)
4. Loose mats =1	No:2 a,b(if any scored NO)
5. Get in and out of bed =1	No:9 a,b,d(if any scored NO) c(if scored YES)
6. In / out chair =1	No: 8 a,b(if any scored YES) c(if scored NO)
7. Lights bright enough =1	No:6 a(if scored NO) b(if scored YES) No:7 g(if scored YES)
8. Light from bed =1	No:7 a,b,c(if all scored NO)
9.Outdoor paths, steps, entrance well lit =1	No:7 e,d(if scored NO) f(if scored YES)
10.O/off toilet =1	No:10 a,c,e(if scored NO) b,d(if scored YES)

Home FAST		Self report Home FAST
11.In/out bath	=1	No: 11 a,b,c(if scored NO) 12 c (if scored YES)
12.Shower recess	=1	No:13 a (if scored NO) b (if scored YES)
13.Grab rail in shower/bath	=1	No:11 d,e No:12 d,e No 13 c (if scored NO)
14.Slip-resistance mats	=1	No:11c, 12 e or 13 d (if scored NO)
15.Toilet close to bed room	=1	No: 10 f(if scored NO) 10 h,g(if scored YES)
16. Reach items in kitchen	=1	No:14 a,b(if scored NO)
17.Carrying things	=1	If No: 1 is scored YES: 14c(if scored NO) 14d(if scored NO) 14e(if scored NO)

Home FAST		Self report Home FAST
18.Indoor step rails	=1	If No 15 a = YES 15 i,j,k (if scored NO)
19.outdoor step rails	=1	If No: 15 b = YES 15 l,m,n(if scored NO)
20.Use of steps/stairs	=1	No:15 a,b,c,d,e(if scored YES)
21.Stair edges	=1	No:15 f,h(if scored NO) g(if scored YES)
22.Entrance doors	=1	No:16 a,b,c(if scored NO)
23.Paths around house	=1	No:17 a,b,c,d,e,f(if scored Yes)
24.Shoes	=1	No:18 (if scored YES) No:19 a,b,c (if scored No)
25 Pets	=1	No:20 a, b,c (if scored YES)

Authors:

Hassani Mehraban, A., Mackenzie, L. & Byles. (2008). *Home Falls and Accidents Screening Tool – Self report version*. Cited in Hassani Mehraban, A. (2008). *An application of the International classification of functioning, Disability and Health for understanding falls risks among older community-dwelling women in Australia*. Unpublished doctoral thesis, University of Newcastle, NSW, Australia.

For further information contact: Dr. Lynette Mackenzie, University of Sydney: l.mackenzie@usyd.edu.au