

# Common Inpatient Fall Risk Assessment Tools

# Common Inpatient Fall Risk Assessment Tools: Domains Assessed



Tool	Cognition/ Emotion	Movement/ Mobility	History of falls	Continenence	Meds	Sensory Impairment	Age	Injury Risk	Tethered to Equipment	Other
Fall Risk Assessment Scoring Systems <sup>1</sup>	x	x	x	x	x	x	x	(age)		
Hendrich II <sup>2</sup>	x	x		x	x	x				Gender (male)
Hester-Davis <sup>3</sup>	x	x	x	x	x	x	x	(age)		Volume/ electrolyte status
Johns Hopkins Fall Risk Assessment Tool <sup>4</sup>	x	x	x	x	x		x	(age)	x	
Morse <sup>4</sup>	x	x	x						x	Multiple comorbidities
Schmid <sup>5</sup>	x	x	x	x	x					
STRATIFY <sup>6</sup>	x	x	x	x		x				

# Common Inpatient Fall Risk Assessment Tools: Predictive Validity



Tool	Score Range	Typically Recommended Cut-Off Scores	Sensitivity	Specificity	Negative Predictive Value	Positive Predictive Value
Fall Risk Assessment Scoring Systems <sup>1</sup>	0 - 30	8-14 high risk ≥ 15 “super high” risk	Not found	Not found	Not found	Not found
Hendrich II <sup>2</sup>	0 - 16	≥ 5 at risk	64.1%	78.7%	100%	64%
Hester-Davis <sup>3</sup>	0 - 77	≥ 10 at risk	90.9%	47.1%	99.5%	3.9%
Johns Hopkins Fall Risk Assessment Tool <sup>4</sup>	0 - 35	< 6 low risk 6-13 medium risk ≥ 14 high risk*	67.8%	80.4%	99.9%	0%
Morse <sup>4</sup>	0 – 125	< 25 low risk 25-45 mod risk > 45 high risk*	88.1%	57%	100%	0%
Schmid <sup>5</sup>	0 - 6	≥ 3 at risk	78.7%	46.9%	Not found	Not found
STRATIFY <sup>6</sup>	0 - 5	≥ 2 at risk	90%	59%	99%	11%

*\*Statistical values in table are based on “high risk” cut-off score. Note that statistical values vary from study to study. Values on this page are from selected research listed under References.*



# References

1. The Victorian Quality Council. Minimising the risk of falls & fall-related injuries: Guidelines for acute, sub-acute and residential care settings. Available at: <https://www.fallshaw.com.au/ts1768778369/attachments/Page/589/VQC.pdf> Accessed April 17, 2026.
2. Hendrich AL, Bufalino A, Groves C. Validation of the Hendrich II Fall Risk Model: The imperative to reduce modifiable risk factors. *Appl Nurs Res.* 2020;53:151243. doi: 10.1016/j.apnr.2020.151243
3. Hester AL, Davis DM. Validation of the Hester Davis Scale for fall risk assessment in a neurosciences population. *J Neurosci Nurs.* 2013;45(5):298-305. doi: 10.1097/JNN.0b013e31829d8b44
4. Kim YJ, Choi KO, Cho SH, Kim SJ. Validity of the Morse Fall Scale and the Johns Hopkins Fall Risk Assessment Tool for fall risk assessment in an acute care setting. *J Clin Nurs.* 2022;31(23-24):3584-3594. doi: 10.1111/jocn.16185
5. Scarabel L, Scarpina F, Ruggieri G, Schiavone N, Limoni C. Predicting falls in musculoskeletal rehabilitation: A retrospective multisite study. *Healthcare (Basel).* 2023;11(20):2805. doi: 10.3390/healthcare11202805
6. Milisen K, Staelens N, Schwendimann R, De Paepe L, Verhaeghe J, Braes T, Boonen S, Pelemans W, Kressig RW, Dejaeger E. Fall prediction in inpatients by bedside nurses using the St. Thomas's Risk Assessment Tool in Falling Elderly Inpatients (STRATIFY) instrument: a multicenter study. *J Am Geriatr Soc.* 2007;55(5):725-33. doi: 10.1111/j.1532-5415.2007.01151.x

