Morse Fall Scale

Name:		Date of birth:
Gender:		Contact information:
Address:		
Medical record number:		Date:

Factors			Score
History of falling		No (score as 0)	
		Yes (score as 25)	
Secondary diagnosis		No (score as 0)	
		Yes (score as 15)	
Ambulatory aid		Bed rest/nurse assist (score as 0)	
		Crutches/cane/walker (score as 15)	
		Furniture (score as 30)	
IV or IV access		No (score as 0)	
		Yes (score as 20)	
Gait		Normal/bed rest/immobile (score as 0)	
		Weak (score as 10)	
		Impaired (score as 20)	
Mental status		Knows own limits (score as 0)	
		Overestimates or forgets limits (score as 15)	
Total score:			

Risk level/Interpretation	MFS score	Action
No risk	0 - 24	Good basic nursing care
Low to moderate risk	25 - 45	Implement standard fall prevention interventions
High risk	46 +	Implement high-risk fall prevention intervention
Healthcare practitioner:		
Signature:		
Date:		

Morse, J. M., Morse, R. M., & Tylko, S. J. (1989). Development of a Scale to Identify the Fall-Prone Patient. *Canadian Journal on Aging / La Revue Canadienne Du Vieillissement, 8*(4), 366–377. https://doi.org/10.1017/s0714980800008576