

Falls Risk for Older People – Community setting (FROP-Com)

Personal details

Name: _____

Personal Code #: _____

Date of Assessment: / /

Address: _____

DOB: _____ **Telephone:** _____

Marital Status:

Single / Married (defacto) / Widowed / Divorced (separated) / Unknown (circle)

Usual living arrangements: _____

Recent health / community services use:

1. Community Aged Care Packages/Services	Y/N	2. Community Rehabilitation.....	Y/N
3. Doctors Appointment	Y/N	4. Doctor Home Visit	Y/N
5. Home Help	Y/N	6. Home Modifications	Y/N
7. Home Rehabilitation	Y/N	8. Linkages Package.....	Y/N
9. Meals on Wheels.....	Y/N	10. OT Home visit.....	Y/N
11. Outpatient Appointment.....	Y/N	12. Other.....	Y/N
13. Post Acute Care.....	Y/N	14. Personal Care	Y/N
15. Respite Care.....	Y/N	16. District Nursing Services	Y/N
17. Physiotherapist Appointment	Y/N	18. Dietician	Y/N
19. Podiatrist	Y/N	20. Personal Alarm	Y/N
21. Day Centre.....	Y/N	22. Falls and Balance clinic	Y/N

Comments

• Is English the individuals preferred language? If not, what is?	☐ Yes ☐ No
• Does the individual have functional English?	☐ Yes ☐ No

History of falls (0-3points)		SCORE
1. Number of falls in the past 12 months?	☐ No falls (0) ☐ 1 fall (1) ☐ 2 falls (2) ☐ 3 or more (3)	[]
2. Was an injury sustained in any of the fall/s in the past 12 months? (rate most severe injury due to a fall in the past 12 months)	☐ No (0) ☐ Minor injury, did not require medical attention (1) ☐ Minor injury, did require medical attention (2) ☐ Severe injury (fracture, etc) (3)	[]
3. Describe the circumstances of the most recent fall in the past 12 months. Time of fall: AM / PM (please circle) Location of fall: inside home / outside home / community Direction of fall: left / right / forward / backward / down / can't remember / other Cause of fall: trip / slip / loss of balance / knees gave way / fainted / feeling dizzy or giddy / alcohol or meds / fell out of bed / unknown Comments: Injuries:		
Sub total for this page		

[]

Medications (0-3 points)		
4. List all medications currently taken.	+ + + + + + + +	
5. Number of prescription medications.	☐ No medication (0) ☐ 1–2 medications (1) ☐ 3 medications (2) ☐ 4 or more medications (3)	[]
6. Does the individual take any of the following type of medication? ☐ sedative ☐ antidepressant ☐ anti-epileptics ☐ central acting analgesic ☐ digoxin ☐ diuretics ☐ type 1a antiarrhythmic ☐ vestibular suppressant	☐ None apply (0) ☐ 1–2 apply (1) ☐ 3 apply (2) ☐ 4 or more apply (3)	[]
Medical conditions (0-3 points)		
7. Does the individual have a chronic medical condition/s affecting their balance & mobility? ☐ Arthritis ☐ Respiratory condition ☐ Parkinson's Disease ☐ Diabetes ☐ Dementia ☐ Peripheral neuropathy ☐ Cardiac condition ☐ Stroke ☐ Other neurological conditions ☐ Lower Limb Amputation. ☐ Osteoporosis ☐ Vestibular Disorder ☐ Other dizziness ☐ Back pain ☐ lower limb joint replacement	☐ None apply (0) ☐ 1-2 apply (1) ☐ 3-4 apply (2) ☐ 5 or more apply (3) Osteoporosis: ☐ Unknown ☐ does not have	[]
Sensory loss		
8. Does the client have an uncorrected sensory deficit/s that limits their functional ability?	Vision Somato Sensory ☐ no (0) ☐ no (0) ☐ yes (1) ☐ yes (1)	[]
Feet & footwear		
9. Does the client have foot problems, e.g. corns, bunions, swelling etc.	☐ no (0) ☐ yes (1) (specify):	[]
10. Does the client have inappropriate, poorly fitting or worn footwear?	☐ no (0) ☐ yes (1) (specify):	[]
Cognitive status: (score 0-3 points).		
11. AMTS score ☐ Age ☐ Time to the nearest hour ☐ Address to recall – 42 West St ☐ Current year ☐ Current location (where are we?) ☐ Recognition of two persons (Dr, nurse) ☐ Date of birth ☐ Years of first World War ☐ Name of current prime minister ☐ Count backwards from 20 by ones	Number of correct responses: ☐ 9-10 (0 point) ☐ 7-8 (1 point) ☐ 5-6 (2 points) ☐ 4 or less (3 points) Score:/ 10	[]
Continence:		
12. Is the individual continent?	☐ Yes (0) ☐ No (1)	[]
13. Does the individual regularly have to go to the toilet in the night (3 or more times)?	☐ No (0) ☐ Yes (1) (if uses a bottle, rate as 0)	[]
Sub total for this page		[]

Nutritional status (score 0-3 points)		
14. Has the individual's food intake declined in the past three months due to a loss of appetite, digestive problems, chewing or swallowing difficulties?	☐ No (0) ☐ Small change, but intake remains good (1) ☐ Moderate loss of appetite (2) ☐ Severe loss of appetite / poor oral intake (3)	[]
15. Weight loss during the last 3-12 months.	☐ Nil (0) ☐ Minimal (<1 kg) or unsure (1) ☐ Moderate (1-3kg) (2) ☐ Marked (>3kg) (3)	[]
16. Number of alcoholic drinks consumed in the past week	☐ Nil (0) ☐ 1-3 (1) ☐ 4-10 (2) ☐ 11+ (3)	[]
Environment (score 0-3 points)		
17. Did the home environment appear safe? (NOTE: only rate if undertaking a home visit assessment, leave blank otherwise)	☐ Yes (0) ☐ Minimal environmental hazards (1) ☐ Moderate environmental hazards requiring modification (2) ☐ Extremely unsafe environment (3)	[]
Functional Behaviour (score 0-3 points)		
18. Observed behaviours in Activities of Daily Living and Mobility indicate	☐ Consistently aware of current abilities /seeks appropriate assistance as required (0) ☐ Generally aware of current abilities /occasional risk-taking behaviour (1) ☐ Under-estimates abilities / inappropriately fearful of activity (2) ☐ Over-estimates abilities/frequent risk-taking behaviour (3)	[]
Function (score 0-3 points)		
19. Prior to this fall, how much assistance was the individual requiring for personal care activities of daily living (eg dressing, grooming, toileting)? (NOTE: If no fall in last 12 months, rate current function)	☐ none (completely independent) (0) ☐ supervision (1) ☐ some assistance required (2) ☐ completely dependent (3)	[]
20. Has this changed since the most recent fall? (leave blank if no falls in 12 months)	☐ No (0) ☐ Yes (1) (specify):	[]
21. Prior to this fall, how much assistance was the individual requiring for instrumental activities of daily living (eg shopping, housework, laundry)? (NOTE: If no fall in last 12 months, rate current function)	☐ none (completely independent) (0) ☐ supervision (1) ☐ some assistance required (2) ☐ completely dependent (3)	[]
22. Has this changed since the most recent fall? (leave blank if no falls in 12 months)	☐ No (0) ☐ Yes (1) (specify):	[]
Sub total for this page		[]

Balance (score 0-3 points)		
23. Does the individual, upon observation of walking and turning, appear unsteady or at risk of losing their balance? (<i>NOTE: Rate with usual walking aid. Tick one only, if level fluctuates, tick the most unsteady rating</i>)	☐ No unsteadiness observed (0) ☐ Yes, minimally unsteady on walking or turning (1) ☐ Yes, moderately unsteady on walking or turning (needs supervision) (2) ☐ Yes, consistently and severely unsteady on walking or turning (needs constant hands on assistance) (3)	[]
Gait / Physical Activity (score 0-3 points)		
24. Can the individual walk safely around their own home?	☐ Independent, no gait aid needed (0) ☐ Independent with a gait aid (1) ☐ Safe with supervision / physical assistance (2) ☐ Unsafe (3)	[]
25. Can the individual walk safely in the community?	☐ Independent, no gait aid needed (0) ☐ Independent with a gait aid (1) ☐ Safe with supervision / physical assistance (2) ☐ Unsafe (3)	[]
26. If a walking aid is used, list the aid and when it is used.	Aid..... ☐ indoors ☐ outdoors Comments:	
27. How physically active is the individual?	☐ Very active (exercises 3 times per week) (0) ☐ Moderately active (exercises less than twice per week) (1) ☐ Not very active (rarely leaves the house) (2) ☐ Inactive (rarely leaves one room of the house) (3)	[]
28. Has this changed since the most recent fall?	☐ No (0) ☐ Yes (1) (specify):	[]
	Sub total for this page	[]
	Sub total for page 1	[]
	Sub total for page 2	[]
	Sub total for page 3	[]
Total Risk Score		[]

Grading of falls risk:

- | | | |
|---|---------|---|
| ☐ Mild falls risk | 0 –11 | Implement actions for identified individual risk factors, & recommend health promotion behaviour to minimise future ongoing risk (eg – increased physical activity, good nutrition) |
| ☐ Moderate falls risk | 12-18 | Implement actions for identified individual risk factors |
| ☐ High falls risk | 19 - 60 | Implement actions for identified individual risk factors, and implement additional actions for high falls risk (e.g. refer to a specialist Falls Clinic) |
- (maximum =60)