



**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? ..... | <input type="radio"/> Yes <input type="radio"/> No |
| • Does the individual have functional English?                          | <input type="radio"/> Yes <input type="radio"/> No |

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

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

<b>Nutritional status</b> (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?	<input type="radio"/> No (0) <input type="radio"/> Small change, but intake remains good (1) <input type="radio"/> Moderate loss of appetite (2) <input type="radio"/> Severe loss of appetite / poor oral intake (3)	[    ]
15. Weight loss during the last 3-12 months.	<input type="radio"/> Nil (0) <input type="radio"/> Minimal (<1 kg) or unsure (1) <input type="radio"/> Moderate (1-3kg) (2) <input type="radio"/> Marked (>3kg) (3)	[    ]
16. Number of alcoholic drinks consumed in the past week	<input type="radio"/> Nil (0) <input type="radio"/> 1-3 (1) <input type="radio"/> 4-10 (2) <input type="radio"/> 11+ (3)	[    ]
<b>Environment</b> (score 0-3 points)		
17. Did the home environment appear safe? (NOTE: only rate if undertaking a home visit assessment, leave blank otherwise)	<input type="radio"/> Yes (0) <input type="radio"/> Minimal environmental hazards (1) <input type="radio"/> Moderate environmental hazards requiring modification (2) <input type="radio"/> Extremely unsafe environment (3)	[    ]
<b>Functional Behaviour</b> (score 0 –3 points)		
18. Observed behaviours in Activities of Daily Living and Mobility indicate	<input type="radio"/> Consistently aware of current abilities /seeks appropriate assistance as required (0) <input type="radio"/> Generally aware of current abilities /occasional risk-taking behaviour (1) <input type="radio"/> Under-estimates abilities / inappropriately fearful of activity (2) <input type="radio"/> Over-estimates abilities/frequent risk-taking behaviour (3)	[    ]
<b>Function</b> (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)	<input type="radio"/> none (completely independent) (0) <input type="radio"/> supervision (1) <input type="radio"/> some assistance required (2) <input type="radio"/> completely dependent (3)	[    ]
20. Has this changed since the most recent fall? (leave blank if no falls in 12 months)	<input type="radio"/> No (0) <input type="radio"/> 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)	<input type="radio"/> none (completely independent) (0) <input type="radio"/> supervision (1) <input type="radio"/> some assistance required (2) <input type="radio"/> completely dependent (3)	[    ]
22. Has this changed since the most recent fall? (leave blank if no falls in 12 months)	<input type="radio"/> No (0) <input type="radio"/> Yes (1) (specify):	[    ]
<b>Sub total for this page</b>		[    ]

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

**Grading of falls risk:**

- o 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)
  - o Moderate falls risk                                      12-18                                      Implement actions for identified individual risk factors
  - o 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)