

<p><b>Falls Risk for Older People</b> <b>in the Community (FROP-Com) Screen</b></p>	<p style="text-align: right;">(Affix Patient ID Label)</p> <p>UR No _____</p> <p>Surname: _____</p> <p>Given Name _____</p> <p>DOB _____</p>
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Screen all people aged 65 years and older (50 years and older Aboriginal & Torres Strait Islander peoples)

Date of screen:    /    /

FALLS HISTORY	SCORE
<p><b>1. Number of falls in the past 12 months?</b></p> <p style="margin-left: 20px;"> <input type="radio"/> None (0)  <input type="radio"/> 1 fall (1)  <input type="radio"/> 2 falls (2)  <input type="radio"/> 3 or more (3) </p>	[   ]
<b>FUNCTION: ADL status</b>	
<p><b>2. Prior to this fall, how much assistance was the individual requiring for instrumental activities of daily living (eg cooking, housework, laundry)?</b></p> <p style="margin-left: 20px;"> <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) </p> <p style="margin-left: 20px;">• <i>If no fall in last 12 months, rate current function</i></p>	[   ]
<b>BALANCE</b>	
<p><b>3. When walking and turning, does the person appear unsteady or at risk of losing their balance?</b></p> <p style="margin-left: 20px;"> <input type="radio"/> No unsteadiness observed (0)  <input type="radio"/> Yes, minimally unsteady (1)  <input type="radio"/> Yes, moderately unsteady (needs supervision) (2)  <input type="radio"/> Yes, consistently and severely unsteady (needs constant hands on assistance) (3) </p> <p style="margin-left: 20px;">• <i>Observe the person standing, walking a few metres, turning and sitting. If the person uses an aid observe the person with the aid. Do not base on self-report.</i></p> <p style="margin-left: 20px;">• <i>If level fluctuates, tick the most unsteady rating. If the person is unable to walk due to injury, score as 3.</i></p>	[   ]

<b>Total Risk Score</b>	[   ]
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Total score	0	1	2	3	4	5	6	7	8	9
<b>Risk of being a faller</b>	0.25		0.7		1.4		4.0		7.7	
<b>Grading of falls risk</b>	0 - 3    Low risk				4 – 9    High risk					
<b>Recommended actions</b>	Further assessment and management if functional/balance problem identified (score of one or higher)				Perform the Full FROP-Com assessment and / or corresponding management recommendations					

Date:            /    /

Name \_\_\_\_\_                      Signature \_\_\_\_\_                      Designation \_\_\_\_\_