

<p>Falls Risk for Older People in the Community (FROP-Com) Screen</p>	<p style="text-align: center;">(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 65 years and older (50 years and older Aboriginal & Torres Strait Islander peoples)

Date of screen: / /

FALLS HISTORY	SCORE
<p>1. Number of falls in the past 12 months?</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>	[]
FUNCTION: ADL status	
<p>2. Prior to this fall, how much assistance was the individual requiring for instrumental activities of daily living (eg cooking, housework, laundry)?</p> <p>• <i>If no fall in last 12 months, rate current function</i></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>	[]
BALANCE	
<p>3. When walking and turning, does the person appear unsteady or at risk of losing their balance?</p> <p>• <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>• <i>If level fluctuates, tick the most unsteady rating. If the person is unable to walk due to injury, score as 3.</i></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>	[]

Total Risk Score	[]
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Total score	0	1	2	3	4	5	6	7	8	9
Risk of being a faller	0.25		0.7		1.4		4.0		7.7	
Grading of falls risk	0 - 3 Low risk				4 – 9 High risk					
Recommended actions	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 _____