



Falls Risk Assessment Tool (FRAT)

This is a quick and easy tool to assess an individual's falls risk. This tool can be used for all individuals you think may be at risk of falling and gives guidance on specific areas surrounding the individual's falls risk.

How to use:

- Ask the participant each question on the sheet. Tick the response 'yes' or 'no'.
- The greater the number of 'yes' answers, the higher the participant's risk of falls.
- This questionnaire can be used for new admissions, updating a care plan for anyone you believe may be at a risk of falling or after a fall has occurred.

It is advised to re-assess every 3-6 months or when a person's circumstances change.

Please turn over to see full FRAT questions

The following advice is given for a 'yes' answer for each question.

| No. | If 'yes'- |
|-----|--|
| 1 | Talk to your GP, practice nurse or other Health & Social Care Professional about fall and how it has affected you, as a healthier lifestyle reduces your risk of falls. |
| 2 | Have your medicine reviewed every year by GP. Ask your pharmacist about a medicine use review. Some medicines affect your balance. |
| 3 | Talk to your GP or healthcare team about changes in your condition such as a worsening of your balance, more difficulty moving or loss of strength. Physiotherapy or exercise may help you to deal with the way you move around. |
| 4 | Talk to your GP, practice nurse or other Health & Social Care Professional about your balance. Physiotherapy, exercise or a medication review may help you improve this. |
| 5 | Consider exercise to improve your strength and balance or contact Herts Help on 0300 123 4044 for advice on local exercise classes, including Postural Stability classes. |

For queries or a request for a support visit from our falls specialist on how to complete this assessment contact the team at **stopfalls@hcpa.info**

All scores should be referenced in care plans.

Please turn over for blank FRAT or download a blank copy from www.hcpa.info/stopfalls

FRAT

Name of assessor

Date

Name of Person being assessed

| Score 1 for every category and total at the bottom of the 2 columns | | Yes | No |
|---|--|-----|----|
| 1 | Is there a history of any fall in the previous year? How assessed? Ask the question | | |
| 2 | Is the client on four or more medications per day? How assessed? Identify number of prescribed medications | | |
| 3 | Does the client have a diagnosis of stroke or Parkinson's? How assessed? Ask the person | | |
| 4 | Does the client report any problems with their balance? How assessed? Ask the person | | |
| 5 | Is the client unable to rise from a chair of knee height without using their arms? How assessed? Ask the person (are they able to stand up from a chair of knee height without using their arms?) | | |
| Total | | | |

Level of predicted risk:

3 – 5 yes's = higher falls risk

Complete full falls risk assessment (see FESI tool or service user risk assessment)

Consult health and social care professionals.

Complete provider self assessment.

Less than 3 yes's = lower risk

If the person has mobility problems consider referral to Community Therapy Services

Carry out exercises with the individual

