

STRATIFY Risk Assessment Tool

Answer all five questions below and count the number of "Yes" answers.

- 1 Did the patient present to hospital with a fall or has he or she fallen on the ward since admission (recent history of fall)? Yes = 1 No = 0
- 2 Is the patient agitated? Yes = 1 No = 0
- 3 Is the patient visually impaired to the extent that everyday function is affected? Yes = 1 No = 0
- 4 Is the patient in need of especially frequent toileting? Yes = 1 No = 0
- 5 Does the patient have a combined transfer and mobility score of 3 or 4? (calculate below) Yes = 1 No = 0

Transfer score: Choose one of the following options which best describes the patient's level of capability when transferring from a bed to a chair:

- 0 = Unable
- 1 = Needs major help
- 2 = Needs minor help
- 3 = Independent

Mobility score: Choose one of the following options which best describes the patient's level of mobility:

- 0 = Immobile
- 1 = Independent with the aid of a wheelchair
- 2 = Uses walking aid or help of one person
- 3 = Independent

Combined score (transfer + mobility): _____

Total score from questions 1-5: _____

- 0 = Low risk
- 1 = Moderate risk
- 2 or above = High risk