

SELF-REPORT MEASURE OF BALANCE

A. ACTIVITIES – SCORE 0 (no confidence) TO 10 (complete confidence)

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|-------------------------------------|--------------------------------------|
| 1. _____ Walk around house | 9. _____ Get out of car |
| 2. _____ Up and down stairs | 10. _____ Walk across parking lot |
| 3. _____ Pick up slipper from floor | 11. _____ Up and down ramp |
| 4. _____ Reach at eye level | 12. _____ Walk in crowded mall |
| 5. _____ Reach on tiptoes | 13. _____ Walk in crowd/bumped |
| 6. _____ Stand on chair to reach | 14. _____ Escalator holding rail |
| 7. _____ Sweep the floor | 15. _____ Escalator not holding rail |
| 8. _____ Walk outside to nearby car | 16. _____ Walk on icy sidewalks |

1. **How would you rate your balance?**
Excellent (0) Very good (1) Good (2) Fair (3) Poor (4)

2. **How confident are you that you can answer the door or phone quickly without losing your balance or falling?**
Very Confident Confident if I'm careful Not at all confident
0 1 2 3 4

3. **How confident are you that you can go up and down stairs without a handrail without losing your balance or falling?**
Very Confident Confident if I'm careful Not at all confident
0 1 2 3 4

4. **How confident are you that you can go to the bathroom at night without losing your balance or falling?**
Very Confident Confident if I'm careful Not at all confident
0 1 2 3 4

5. **How confident are you that you can go grocery shopping without losing your balance or falling?**
Very Confident Confident if I'm careful Not at all confident
0 1 2 3 4

If you answered 4 or below to first 16 questions or 3 or 4 to above 5 questions you have a greater chance of having a fall. Be aware of what can cause falls and take care of yourself to stay independent and falls-free.