Name:
DOB:

Balance Rehabilitation Physical Therapy

2591 Pala Suite 110, Mission Viejo, CA 92691

Balance Questionnaire

For each of the following activities, please indicate your level of self-confidence by choosing a corresponding number from the following rating scale:

0%	10	20	30	40	50	60	70	80	90	100%
no confidence										completely confident

"How confident are you that you will **not** fall when you...

1. ...walk around the house? ____%
2. ...walk up or down stairs? ____%
3. ...bend over and pick up a slipper from the front of a closet floor ____%
4. ...reach for a small can off a shelf at eye level? ____%
5. ...stand on your tiptoes and reach for something above your head? ____%
6. ...stand on a chair and reach for something? ____%
7. ...sweep the floor? ____%
8. ...walk outside the house to a car parked in the driveway? ____%
9. ...get into or out of a car? ____%
10. ...walk across a parking lot to the mall? ____%
11. ...walk up or down a ramp? ____%
12. ...walk in a crowded mall where people rapidly walk past you? ____%
13. ...are bumped into by people as you walk through the mall? ____%
14. ... step onto or off an escalator while you are holding onto a railing? ____%
15. ... step onto or off an escalator while holding onto parcels such that you cannot hold onto the railing? ____%
16. ...walk outside on icy sidewalks? ____%

How many times have you fallen in the last week? _____

How many times have you fallen in the past 12 months? _____

Have you noticed an increase in frequency of falls? _____