

# BALANCE & FALLS - Initial Visit

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please rate your pain level with activity, 0 being no pain and 10 being severe pain: \_\_\_\_\_

This survey is meant to help us obtain information regarding your current levels of discomfort and capability. **On a scale of 0 to 10, fill in how confident are you that you can do each of these activities without falling**, with 0 meaning “not confident/not sure at all”, 5 being “fairly confident/fairly sure”, and 10 being “completely confident/completely sure”?

- If you have stopped doing the activity at least partly because of being afraid of falling, write a score of 0;
- If you have stopped an activity purely because of a physical problem, leave that item blank
- If you do not currently do the activity for other reasons, please rate that item based on how you perceive you would rate if you had to do the activity today.

<input type="text"/> Get dressed and undressed	<input type="text"/> Reach into cabinets or closet
<input type="text"/> Prepare a simple meal	<input type="text"/> Light housekeeping
<input type="text"/> Take a bath or a shower	<input type="text"/> Simple shopping
<input type="text"/> Get in/out of a chair	<input type="text"/> Using public transport
<input type="text"/> Get in/out of bed	<input type="text"/> Crossing roads
<input type="text"/> Answer the door or telephone	<input type="text"/> Walk around the inside of your house
<input type="text"/> Light gardening or hanging the wash*	<input type="text"/> Using front or rear steps at home

\* Rate most commonly performed of these activities

## Therapist Only

ICD9 Code: \_\_\_\_\_

Comorbidities:

- |                                       |  |   |
|---------------------------------------|--|---|
| <input type="checkbox"/> Cancer       | <input type="checkbox"/> Obesity             | <input type="checkbox"/> Multiple Treatment Areas |
| <input type="checkbox"/> Diabetes     | <input type="checkbox"/> Heart Condition     | <input type="checkbox"/> Surgery for this Problem |
| <input type="checkbox"/> Fibromyalgia | <input type="checkbox"/> High Blood Pressure |   |

1. Hill K, Schwarz J, et al. Fear of falling revisited. Archives Phys Med Rehabil 1996; 77:1025-1029.

2. Tinetti M, Richman D, Powell L. Falls efficacy as a measure of fear of falling. J Gerontology 1990; 45:P239-43.