

## **Your Balance and Mobility**

We would be grateful if you could complete the questions below. Once you have completed the short survey, please return this form to the general practice using the stamped addressed envelope provided.

Q1. Please read the following statements and tick one

My balance is good and I want to keep it that way ☐

My balance is quite good but I would like to improve it ☐

I have some problems with balance that I want to overcome ☐

Q2. In the last 12 months, have you had any fall including a slip or trip following which you have come to rest on the ground, floor, or lower level? Please tick one box below that applies to you.

I have not fallen in the last year ☐

I have fallen once in the last year ☐

I have fallen more than once in the last year ☐

Q3. Do you have any difficulties with your balance whilst walking or dressing?

No, or just occasionally ☐

Yes, often or always ☐

Q4. Do you have any difficulties with daily activities, such as getting dressed, going to the toilet or taking a bath?

No, or just occasionally ☐

Yes, often or always ☐

If you do have problems with your balance, your GP may decide to refer you to another service for further advice and treatment.

In case you do need further assessment, please provide your telephone number.

Telephone Number:

**Please return this form to your practice in the envelope provided.**

**Thank you for taking the time to complete this form.**