

Community Balance and Mobility Scale Assessment

Patient Information:

Name:

Age:

Date of Assessment:

Healthcare Professional's Name:

Task 1: Standing Unsupported

Instructions:

Score:

Task 2: Turning 360 Degrees

Instructions:

Score:

Task 3: Reaching Forward

Instructions:

Score:

Task 4: Retrieving Objects

Instructions:

Score:

Task 5: Walking

Instructions:

Score:

Task 6: Walking with Head Turns

Instructions:

Score:

Task 7: Walking and Changing Directions

Instructions:

Score:

Task 8: Walking and Picking up Objects

Instructions:

Score:

Task 9: Stairs

Instructions:

Score:

Task 10: Functional Reach

Instructions:

Score:

Total Score:

Comments/Notes:

Signature: