

HIERARCHICAL ASSESSMENT OF BALANCE AND MOBILITY©

PATIENT ID

Date of admission to hospital ___ DD/ ___ MM/ ___ YY

Ward _____

Score	Recorder's Initials																			
	Date Assessed (DD)																			
	(MM)																			
Day		-14	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18
BALANCE																				
21	Stable ambulation																			
14	Stable dynamic standing																			
10	Stable static standing																			
7	Stable dynamic sitting																			
5	Stable static sitting																			
0	Impaired static sitting																			
TRANSFERS																				
18	Independent and Vigorous																			
16	Independent																			
14	Independent but slow																			
12	1 person standby																			
11	1 person minimal assistance																			
7	1 person assist																			
3	2 person assist																			
0	Total lift																			
MOBILITY																				
28	Unlimited, vigorous																			
26	Unlimited																			
25	Limited >50m, no aid																			
21	Unlimited, with aid																			
19	Unlimited with aid, slow																			
18	With aid >50m																			
16	No aid, limited 8-50m																			
15	With aid 8-50m																			
14	With aid <8m+																			
12	1 person standby/+/- aid																			
9	1 person hands-on/+/-aid																			
7	Lying-sitting independently																			
4	Positions self in bed																			
0	Needs positioning in bed																			

Notes