

PŘÍLOHY

Příloha č. 1: The Berg Balance Scale (BBS)

BERG BALANCE TESTS AND RATING SCALE

Patient Name _____
Date _____
Location _____
Rater _____

ITEM DESCRIPTION SCORE (0-4) Sitting to standing _____ Standing unsupported _____ Sitting unsupported _____ Standing to sitting _____ Transfers _____ Standing with eyes closed _____ Standing with feet together _____ Reaching forward with outstretched arm _____ Retrieving object from floor _____ Turning to look behind _____ Turning 360 degrees _____ Placing alternate foot on stool _____ Standing with one foot in front _____ Standing on one foot _____ TOTAL _____

GENERAL INSTRUCTIONS

Please demonstrate each task and/or give instructions as written. When scoring, please record the lowest response category that applies for each item.

In most items, the subject is asked to maintain a given position for a specific time. Progressively more points are deducted if the time or distance requirements are not met, if the subject's performance warrants supervision, or if the subject touches an external support or receives assistance from the examiner. Subjects should understand that they must maintain their balance while attempting the tasks. The choices of which leg to stand on or how far to reach are left to the subject. Poor judgment will adversely influence the performance and the scoring.

Equipment required for testing are a stopwatch or watch with a second hand, and a ruler or other indicator of 2, 5 and 10 inches (5, 12 and 25 cm). Chairs used during testing should be of reasonable height. Either a step or a stool (of average step height) may be used for item #12.

1. SITTING TO STANDING

INSTRUCTIONS: Please stand up. Try not to use your hands for support.

- () 4 able to stand without using hands and stabilize independently
- () 3 able to stand independently using hands
- () 2 able to stand using hands after several tries
- () 1 needs minimal aid to stand or to stabilize
- () 0 needs moderate or maximal assist to stand

2. STANDING UNSUPPORTED

INSTRUCTIONS: Please stand for two minutes without holding.

- () 4 able to stand safely 2 minutes
- () 3 able to stand 2 minutes with supervision
- () 2 able to stand 30 seconds unsupported
- () 1 needs several tries to stand 30 seconds unsupported
- () 0 unable to stand 30 seconds unassisted

If a subject is able to stand 2 minutes unsupported, score full points for sitting unsupported.
Proceed to item #4.

3. SITTING WITH BACK UNSUPPORTED BUT FEET SUPPORTED ON FLOOR OR ON A STOOL

INSTRUCTIONS: Please sit with arms folded for 2 minutes.

- 4 able to sit safely and securely 2 minutes
- 3 able to sit 2 minutes under supervision
- 2 able to sit 30 seconds
- 1 able to sit 10 seconds
- 0 unable to sit without support 10 seconds

4. STANDING TO SITTING

INSTRUCTIONS: Please sit down.

- 4 sits safely with minimal use of hands
- 3 controls descent by using hands
- 2 uses back of legs against chair to control descent
- 1 sits independently but has uncontrolled descent
- 0 needs assistance to sit

5. TRANSFERS

INSTRUCTIONS: Arrange chairs(s) for a pivot transfer. Ask subject to transfer one way toward a seat with armrests and one way toward a seat without armrests. You may use two chairs (one with and one without armrests) or a bed and a chair.

- 4 able to transfer safely with minor use of hands
- 3 able to transfer safely definite need of hands
- 2 able to transfer with verbal cueing and/or supervision
- 1 needs one person to assist
- 0 needs two people to assist or supervise to be safe

6. STANDING UNSUPPORTED WITH EYES CLOSED

INSTRUCTIONS: Please close your eyes and stand still for 10 seconds.

- 4 able to stand 10 seconds safely
- 3 able to stand 10 seconds with supervision
- 2 able to stand 3 seconds
- 1 unable to keep eyes closed 3 seconds but stays steady
- 0 needs help to keep from falling

7. STANDING UNSUPPORTED WITH FEET TOGETHER

INSTRUCTIONS: Place your feet together and stand without holding.

- 4 able to place feet together independently and stand 1 minute safely
- 3 able to place feet together independently and stand for 1 minute with supervision
- 2 able to place feet together independently but unable to hold for 30 seconds
- 1 needs help to attain position but able to stand 15 seconds with feet together
- 0 needs help to attain position and unable to hold for 15 seconds

8. REACHING FORWARD WITH OUTSTRETCHED ARM WHILE STANDING

INSTRUCTIONS: Lift arm to 90 degrees. Stretch out your fingers and reach forward as far as you can. (Examiner places a ruler at end of fingertips when arm is at 90 degrees. Fingers should not touch the ruler while reaching forward. The recorded measure is the distance forward that the finger reaches while the subject is in the most forward lean position. When possible, ask subject to use both arms when reaching to avoid rotation of the trunk.)

- () 4 can reach forward confidently >25 cm (10 inches)
- () 3 can reach forward >12 cm safely (5 inches)
- () 2 can reach forward >5 cm safely (2 inches)
- () 1 reaches forward but needs supervision
- () 0 loses balance while trying/requires external support

9. PICK UP OBJECT FROM THE FLOOR FROM A STANDING POSITION

INSTRUCTIONS: Pick up the shoe/slipper which is placed in front of your feet.

- () 4 able to pick up slipper safely and easily
- () 3 able to pick up slipper but needs supervision
- () 2 unable to pick up but reaches 2-5cm (1-2 inches) from slipper and keeps balance independently
- () 1 unable to pick up and needs supervision while trying
- () 0 unable to try/needs assist to keep from losing balance or falling

10. TURNING TO LOOK BEHIND OVER LEFT AND RIGHT SHOULDERS WHILE STANDING

INSTRUCTIONS: Turn to look directly behind you over toward left shoulder. Repeat to the right. Examiner may pick an object to look at directly behind the subject to encourage a better twist turn.

- () 4 looks behind from both sides and weight shifts well
- () 3 looks behind one side only other side shows less weight shift
- () 2 turns sideways only but maintains balance
- () 1 needs supervision when turning
- () 0 needs assist to keep from losing balance or falling

11. TURN 360 DEGREES

INSTRUCTIONS: Turn completely around in a full circle. Pause. Then turn a full circle in the other direction.

- () 4 able to turn 360 degrees safely in 4 seconds or less
- () 3 able to turn 360 degrees safely one side only in 4 seconds or less
- () 2 able to turn 360 degrees safely but slowly
- () 1 needs close supervision or verbal cueing
- () 0 needs assistance while turning

12. PLACING ALTERNATE FOOT ON STEP OR STOOL WHILE STANDING UNSUPPORTED

INSTRUCTIONS: Place each foot alternately on the step/stool. Continue until each foot has touched the step/stool four times.

- () 4 able to stand independently and safely and complete 8 steps in 20 seconds
- () 3 able to stand independently and complete 8 steps in >20 seconds
- () 2 able to complete 4 steps without aid with supervision
- () 1 able to complete >2 steps needs minimal assist
- () 0 needs assistance to keep from falling/unable to try

13. STANDING UNSUPPORTED ONE FOOT IN FRONT

INSTRUCTIONS: (DEMONSTRATE TO SUBJECT) Place one foot directly in front of the other. If you feel that you cannot place your foot directly in front, try to step far enough ahead that the heel of your forward foot is ahead of the toes of the other foot. (To score 3 points, the length of the step should exceed the length of the other foot and the width of the stance should approximate the subject's normal stride width)

- 4 able to place foot tandem independently and hold 30 seconds
- 3 able to place foot ahead of other independently and hold 30 seconds
- 2 able to take small step independently and hold 30 seconds
- 1 needs help to step but can hold 15 seconds
- 0 loses balance while stepping or standing

14. STANDING ON ONE LEG

INSTRUCTIONS: Stand on one leg as long as you can without holding.

- 4 able to lift leg independently and hold >10 seconds
- 3 able to lift leg independently and hold 5-10 seconds
- 2 able to lift leg independently and hold = or >3 seconds
- 1 tries to lift leg unable to hold 3 seconds but remains standing independently
- 0 unable to try or needs assist to prevent fall

TOTAL SCORE (Maximum = 56: _____

***References**

Wood-Dauphinee S, Berg K, Bravo G, Williams JI: The Balance Scale: Responding to clinically meaningful changes. Canadian Journal of Rehabilitation, 10: 35-50, 1997.

Berg K, Wood-Dauphinee S, Williams JI: The Balance Scale: Reliability assessment for elderly residents and patients with an acute stroke. Scand J Rehab Med, 27:27-36, 1995.

Berg K, Maki B, Williams JI, Holliday P, Wood-Dauphinee S: A comparison of clinical and laboratory measures of postural balance in an elderly population. Arch Phys Med Rehabil, 73: 1073-1083, 1992.

Berg K, Wood-Dauphinee S, Williams JI, Maki, B: Measuring balance in the elderly: Validation of an instrument. Can. J. Pub. Health, July/August supplement 2:S7-11, 1992.

Berg K, Wood-Dauphinee S, Williams JI, Gayton D: Measuring balance in the elderly: Preliminary development of an instrument. Physiotherapy Canada, 41:304-311, 1989.

Příloha č. 2: The Mini Balance Evaluation Systems Test (Mini-BESTest)**Mini-BESTest: Balance Evaluation Systems Test**

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ANTICIPATORY**SUB SCORE: /6****1. SIT TO STAND***Instruction: "Cross your arms across your chest. Try not to use your hands unless you must. Do not let your legs lean against the back of the chair when you stand. Please stand up now."*

(2) Normal: Comes to stand without use of hands and stabilizes independently.

(1) Moderate: Comes to stand WITH use of hands on first attempt.

(0) Severe: Unable to stand up from chair without assistance, OR needs several attempts with use of hands.

2. RISE TO TOES*Instruction: "Place your feet shoulder width apart. Place your hands on your hips. Try to rise as high as you can onto your toes. I will count out loud to 3 seconds. Try to hold this pose for at least 3 seconds. Look straight ahead. Rise now."*

(2) Normal: Stable for 3 s with maximum height.

(1) Moderate: Heels up, but not full range (smaller than when holding hands), OR noticeable instability for 3 s.

(0) Severe: ≤ 3 s.**3. STAND ON ONE LEG***Instruction: "Look straight ahead. Keep your hands on your hips. Lift your leg off of the ground behind you without touching or resting your raised leg upon your other standing leg. Stay standing on one leg as long as you can. Look straight ahead. Lift now."***Left:** Time in Seconds Trial 1: _____ Trial 2: _____**Right:** Time in Seconds Trial 1: _____ Trial 2: _____

(2) Normal: 20 s.

(2) Normal: 20 s.

(1) Moderate: < 20 s.

(1) Moderate: < 20 s.

(0) Severe: Unable.

(0) Severe: Unable.

To score each side separately use the trial with the longest time.**To calculate the sub-score and total score use the side [left or right] with the lowest numerical score [i.e. the worse side].****REACTIVE POSTURAL CONTROL****SUB SCORE: /6****4. COMPENSATORY STEPPING CORRECTION- FORWARD***Instruction: "Stand with your feet shoulder width apart, arms at your sides. Lean forward against my hands beyond your forward limits. When I let go, do whatever is necessary, including taking a step, to avoid a fall."*

(2) Normal: Recovers independently with a single, large step (second realignment step is allowed).

(1) Moderate: More than one step used to recover equilibrium.

(0) Severe: No step, OR would fall if not caught, OR falls spontaneously.

5. COMPENSATORY STEPPING CORRECTION- BACKWARD*Instruction: "Stand with your feet shoulder width apart, arms at your sides. Lean backward against my hands beyond your backward limits. When I let go, do whatever is necessary, including taking a step, to avoid a fall."*

(2) Normal: Recovers independently with a single, large step.

(1) Moderate: More than one step used to recover equilibrium.

(0) Severe: No step, OR would fall if not caught, OR falls spontaneously.

6. COMPENSATORY STEPPING CORRECTION- LATERAL*Instruction: "Stand with your feet together, arms down at your sides. Lean into my hand beyond your sideways limit. When I let go, do whatever is necessary, including taking a step, to avoid a fall."***Left****Right**

(2) Normal: Recovers independently with 1 step (crossover or lateral OK).

(2) Normal: Recovers independently with 1 step (crossover or lateral OK).

(1) Moderate: Several steps to recover equilibrium.

(1) Moderate: Several steps to recover equilibrium.

(0) Severe: Falls, or cannot step.

(0) Severe: Falls, or cannot step.

Use the side with the lowest score to calculate sub-score and total score.**SENSORY ORIENTATION****SUB SCORE: /6****7. STANCE (FEET TOGETHER); EYES OPEN, FIRM SURFACE***Instruction: "Place your hands on your hips. Place your feet together until almost touching. Look straight ahead. Be as stable and still as possible, until I say stop."*

Time in seconds: _____

(2) Normal: 30 s.

(1) Moderate: < 30 s.

(0) Severe: Unable.

8. STANCE (FEET TOGETHER); EYES CLOSED, FOAM SURFACE

Instruction: "Step onto the foam. Place your hands on your hips. Place your feet together until almost touching. Be as stable and still as possible, until I say stop. I will start timing when you close your eyes."

Time in seconds: _____

- (2) Normal: 30 s.
- (1) Moderate: < 30 s.
- (0) Severe: Unable.

9. INCLINE- EYES CLOSED

Instruction: "Step onto the incline ramp. Please stand on the incline ramp with your toes toward the top. Place your feet shoulder width apart and have your arms down at your sides. I will start timing when you close your eyes."

Time in seconds: _____

- (2) Normal: Stands independently 30 s and aligns with gravity.
- (1) Moderate: Stands independently <30 s OR aligns with surface.
- (0) Severe: Unable.

DYNAMIC GAIT**SUB SCORE: /10****10. CHANGE IN GAIT SPEED**

Instruction: "Begin walking at your normal speed, when I tell you 'fast', walk as fast as you can. When I say 'slow', walk very slowly."

- (2) Normal: Significantly changes walking speed without imbalance.
- (1) Moderate: Unable to change walking speed or signs of imbalance.
- (0) Severe: Unable to achieve significant change in walking speed AND signs of imbalance.

11. WALK WITH HEAD TURNS – HORIZONTAL

Instruction: "Begin walking at your normal speed, when I say 'right', turn your head and look to the right. When I say 'left' turn your head and look to the left. Try to keep yourself walking in a straight line."

- (2) Normal: performs head turns with no change in gait speed and good balance.
- (1) Moderate: performs head turns with reduction in gait speed.
- (0) Severe: performs head turns with imbalance.

12. WALK WITH PIVOT TURNS

Instruction: "Begin walking at your normal speed. When I tell you to 'turn and stop', turn as quickly as you can, face the opposite direction, and stop. After the turn, your feet should be close together."

- (2) Normal: Turns with feet close FAST (≤ 3 steps) with good balance.
- (1) Moderate: Turns with feet close SLOW (≥ 4 steps) with good balance.
- (0) Severe: Cannot turn with feet close at any speed without imbalance.

13. STEP OVER OBSTACLES

Instruction: "Begin walking at your normal speed. When you get to the box, step over it, not around it and keep walking."

- (2) Normal: Able to step over box with minimal change of gait speed and with good balance.
- (1) Moderate: Steps over box but touches box OR displays cautious behavior by slowing gait.
- (0) Severe: Unable to step over box OR steps around box.

14. TIMED UP & GO WITH DUAL TASK [3 METER WALK]

Instruction TUG: "When I say 'Go', stand up from chair, walk at your normal speed across the tape on the floor, turn around, and come back to sit in the chair."

Instruction TUG with Dual Task: "Count backwards by threes starting at _____. When I say 'Go', stand up from chair, walk at your normal speed across the tape on the floor, turn around, and come back to sit in the chair. Continue counting backwards the entire time."

TUG: _____ seconds; Dual Task TUG: _____ seconds

- (2) Normal: No noticeable change in sitting, standing or walking while backward counting when compared to TUG without Dual Task.
- (1) Moderate: Dual Task affects either counting OR walking (>10%) when compared to the TUG without Dual Task.
- (0) Severe: Stops counting while walking OR stops walking while counting.

When scoring item 14, if subject's gait speed slows more than 10% between the TUG without and with a Dual Task the score should be decreased by a point.

TOTAL SCORE: /28

Mini-BESTest Instructions

Subject Conditions: Subject should be tested with flat-heeled shoes OR shoes and socks off.

Equipment: Temper® foam (also called T-foam™ 4 inches thick, medium density T41 firmness rating), chair without arm rests or wheels, incline ramp, stopwatch, a box (9" height) and a 3 meter distance measured out and marked on the floor with tape [from chair].

Scoring: The test has a maximum score of **28** points from **14** items that are each scored from 0-2.

"0" indicates the lowest level of function and "2" the highest level of function.

If a subject must use an assistive device for an item, score that item one category lower.

If a subject requires physical assistance to perform an item, score "0" for that item.

For **Item 3** (stand on one leg) and **Item 6** (compensatory stepping-lateral) only include the score for one side (the worse score).

For **Item 3** (stand on one leg) select the best time of the 2 trials [from a given side] for the score.

For **Item 14** (timed up & go with dual task) if a person's gait slows greater than 10% between the TUG without and with a dual task then the score should be decreased by a point.

1. SIT TO STAND	Note the initiation of the movement, and the use of the subject's hands on the seat of the chair, the thighs, or the thrusting of the arms forward.
2. RISE TO TOES	Allow the subject two attempts. Score the best attempt. (If you suspect that subject is using less than full height, ask the subject to rise up while holding the examiners' hands.) Make sure the subject looks at a non-moving target 4-12 feet away.
3. STAND ON ONE LEG	Allow the subject two attempts and record the times. Record the number of seconds the subject can hold up to a maximum of 20 seconds. Stop timing when the subject moves hands off of hips or puts a foot down. Make sure the subject looks at a non-moving target 4-12 feet ahead.
4. COMPENSATORY STEPPING CORRECTION-FORWARD	Stand in front of the subject with one hand on each shoulder and ask the subject to lean forward (Make sure there is room for them to step forward). Require the subject to lean until the subject's shoulders and hips are in front of toes. After you feel the subject's body weight in your hands, very suddenly release your support. The test must elicit a step. NOTE: Be prepared to catch subject.
5. COMPENSATORY STEPPING CORRECTION - BACKWARD	Stand behind the subject with one hand on each scapula and ask the subject to lean backward (Make sure there is room for the subject to step backward.) Require the subject to lean until their shoulders and hips are in back of their heels. After you feel the subject's body weight in your hands, very suddenly release your support. Test must elicit a step. NOTE: Be prepared to catch subject.
6. COMPENSATORY STEPPING CORRECTION- LATERAL	Stand to the side of the subject, place one hand on the side of the subject's pelvis, and have the subject lean their whole body into your hands. Require the subject to lean until the midline of the pelvis is over the right (or left) foot and then suddenly release your hold. NOTE: Be prepared to catch subject.
7. STANCE (FEET TOGETHER); EYES OPEN, FIRM SURFACE	Record the time the subject was able to stand with feet together up to a maximum of 30 seconds. Make sure subject looks at a non-moving target 4-12 feet away.
8. STANCE (FEET TOGETHER); EYES CLOSED, FOAM SURFACE	Use medium density Temper® foam, 4 inches thick. Assist subject in stepping onto foam. Record the time the subject was able to stand in each condition to a maximum of 30 seconds. Have the subject step off of the foam between trials. Flip the foam over between each trial to ensure the foam has retained its shape.
9. INCLINE EYES CLOSED	Aid the subject onto the ramp. Once the subject closes eyes, begin timing and record time. Note if there is excessive sway.
10. CHANGE IN SPEED	Allow the subject to take 3-5 steps at normal speed, and then say "fast". After 3-5 fast steps, say "slow". Allow 3-5 slow steps before the subject stops walking.
11. WALK WITH HEAD TURNS-HORIZONTAL	Allow the subject to reach normal speed, and give the commands "right, left" every 3-5 steps. Score if you see a problem in either direction. If subject has severe cervical restrictions allow combined head and trunk movements.
12. WALK WITH PIVOT TURNS	Demonstrate a pivot turn. Once the subject is walking at normal speed, say "turn and stop." Count the number of steps from "turn" until the subject is stable. Imbalance may be indicated by wide stance, extra stepping or trunk motion.
13. STEP OVER OBSTACLES	Place the box (9 inches or 23 cm height) 10 feet away from where the subject will begin walking. Two shoeboxes taped together works well to create this apparatus.
14. TIMED UP & GO WITH DUAL TASK	Use the TUG time to determine the effects of dual tasking. The subject should walk a 3 meter distance. TUG: Have the subject sitting with the subject's back against the chair. The subject will be timed from the moment you say "Go" until the subject returns to sitting. Stop timing when the subject's buttocks hit the chair bottom and the subject's back is against the chair. The chair should be firm without arms. TUG With Dual Task: While sitting determine how fast and accurately the subject can count backwards by threes starting from a number between 100-90. Then, ask the subject to count from a different number and after a few numbers say "Go". Time the subject from the moment you say "Go" until the subject returns to the sitting position. Score dual task as affecting counting or walking if speed slows (>10%) from TUG and or new signs of imbalance.

Zdroj: https://www.sralab.org/sites/default/files/2017-06/MiniBEST_revised_final_3_8_13.pdf

Příloha č. 3: Multiple Sclerosis Walking Scale 12 (MSWS-12)

Tyto otázky se týkají omezení Vaší chůze způsobené roztroušenou sklerózou (RS) **během posledních dvou týdnů**. U každého prohlášení prosím zakroužkujte tu odpověď, která nejlépe odpovídá Vašemu stupni omezení. Zodpovězte prosím **VŠECHNY** otázky, i když se některé mohou zdát podobné ostatním nebo i když Vám připadají irelevantní.

POKUD VŮBEC NEJSTE SCHOPNI CHODIT, ZAŠKRTNĚTE PROSÍM TENTO RÁMEČEK A NEODPOVÍDEJTE NA ŽÁDNÉ OTÁZKY

Nakolik během posledních dvou týdnů Vaše onemocnění (RS)...	Vůbec ne	Málokdy	Mírně	Hodně	Extremně
1. u Vás vyvolalo nutnost používat <u>podporu při chůzi uvnitř budovy</u> (např. přidržování se nábytku, hole, atd.)?	1	2	3	4	5
2. u Vás vyvolalo nutnost používat <u>podporu při chůzi venku</u> (přidržování se, používání hole, atd.)?	1	2	3	4	5
3. omezilo Vaši schopnost běhat?	1	2	3	4	5
4. <u>ztížilo stání</u> při provádění činností?	1	2	3	4	5
5. omezilo Vaši schopnost <u>chodit po schodech nahoru a dolů</u> ?	1	2	3	4	5
6. omezilo Vaši <u>rovnováhu</u> při stání nebo chůzi?	1	2	3	4	5
7. omezilo Vaši <u>schopnost chodit</u> ?	1	2	3	4	5
8. zvýšilo Vaše <u>úsilí</u> potřebné k chůzi?	1	2	3	4	5
9. ovlivnilo, <u>jak snadno chodíte</u> ?	1	2	3	4	5
10. způsobilo, že se musíte <u>soustředit na chůzi</u> ?	1	2	3	4	5
11. omezilo, <u>jak daleko</u> jste schopen/schopna dojít?	1	2	3	4	5
12. <u>zpomalilo</u> Vaši chůzi?	1	2	3	4	5

Zdroj: Archiv Centra pro demyelinizační onemocnění (RS Centra) Neurologické kliniky 1. LF UK a VFN v Praze.

Příloha č. 4: Falls Efficacy Scale – International (FES-I)

Česká verze Falls Efficacy Scale International (FES-I)

FES-I

Chtěli bychom vám položit několik otázek týkajících se vašich obav z možného pádu. Odpovídejte prosím podle toho, jak konkrétní činnost obvykle vykonáváte. Pokud v současnosti tuto činnost neděláte (například pro vás nakupuje někdo jiný), odpovězte prosím tak, jak byste se obával (obávala) pádu, kdybyste dělal (dělala) tuto činnost. Pro každou z následujících činností prosím označte odpověď, která je nejbližší vašemu mínění o obavě z pádu při dané činnosti.

		Vůbec nemám obavy	Trochu se obávám	Dost se obávám	Velmi se obávám
1	Domácí uklízení (např. zametání, luxování, utírání prachu)				
2	Oblékání nebo svlékání				
3	Příprava jednoduchého jídla				
4	Koupání nebo sprchování				
5	Běžné nakupování				
6	Vstávání ze židle nebo sedání				
7	Chůze po schodech				
8	Procházka v okolí bydliště				
9	Dosahování věcí nad hlavou, nebo na zemi				
10	Spěšná chůze ke zvonícímu telefonu, aby nepřestal zvonit				
11	Chůze po kluzkém povrchu (např. mokřem nebo zledovatělém)				
12	Návštěva přátel nebo příbuzných				
13	Chůze v davu lidí				
14	Chůze po nerovném povrchu (např. kamenitým, nezpevněném chodníku)				
15	Chůze do, nebo ze svahu				
16	Návštěva společenské akce (například náboženské, rodinné setkání, návštěva klubu)				

<http://www.muni.cz/research/publications/958071>

FES-I translated to Czech by Zdenko Reguli and Lenka Svobodová from Yardley L, Todd C, Beyer N, Hauer K, Kempen G, Piot-Ziegler C. Development and initial validation of the Falls Efficacy Scale International (FES-I). Age and Ageing. 2005. 34 614-619.doi: 10.1093/ageing/afi196

Zdroj: <https://sites.manchester.ac.uk/fes-i/wpcontent/uploads/sites/11/2018/03/FES-I-Czech.pdf>

Příloha č. 5: Doplňující otázky

V následujících šesti otázkách prosím zakroužkujte odpověď „ANO“ nebo „NE“ dle svého uvážení. Pokud u některé otázky zakroužkujete „ANO“, věnujte u ní prosím pozornost i doplňujícím bodům.

1. Upadl/a jste během posledního měsíce (4 týdnů)?**ANO / NE**

Pokud ano, kolikrát?

V jakých situacích nejčastěji? (doma, venku,...)

2. Upadl/a jste během posledního týdne?**ANO / NE**

Pokud ano, kolikrát?

V jakých situacích nejčastěji? (doma, venku,...)

3. Přestal/a jste kvůli obavám z pádu vykonávat některé domácí práce? (např. úklid, příprava jídla,...)**ANO / NE**

Pokud ano, které?

4. Přestal/a jste kvůli obavám z pádu se svou oblíbenou volnočasovou aktivitou?**ANO / NE**

Pokud ano, o jaký koníček se jednalo?

5. Přestal/a jste kvůli obavám z pádu vykonávat různé činnosti mimo svůj domov? (např. návštěva rodiny, nákupy,...)**ANO / NE**

Pokud ano, které?

6. V čem Vás problémy s rovnováhou a obavy z pádu omezují ze všeho nejvíc?

Zdroj: Vlastní tvorba autora.