Name _____ Date _____

Falls Efficacy Scale

I would like to ask some questions to determine how concerned you are about the possibility of falling. For each of the following activities, please circle the option which most closely matches your concern for falling while doing the activity. Please think about how you normally do the activity, and respond accordingly. If you currently don't do the activity (example: if someone does the cooking for you), please answer to show how concerned you would be for a fall **IF** you did the activity.

1: VERY Confident **10: NOT at all Confident**

Take a bath or shower

1	2	3	4	5	6	7	8	9	10

Reach into cabinets or closets

1	2	3	4	5	6	7	8	9	10

Walk around the house

1	2	3	4	5	6	7	8	9	10

Prepare meals (not requiring carrying heavy or hot objects)

1	2	3	4	5	6	7	8	9	10

Get in and out of bed

1	2	3	4	5	6	7	8	9	10

Answer the door or telephone

1	2	3	4	5	6	7	8	9	10

Get in and out of a chair

1	2	3	4	5	6	7	8	9	10

Getting dressed and undressed

1	2	3	4	5	6	7	8	9	10

Personal grooming (i.e. washing your face/ brushing your hair)

1	2	3	4	5	6	7	8	9	10

Getting on and off the toilet

1	2	3	4	5	6	7	8	9	10

Score _____ / 100