

Falls Efficacy Scale

Name: _____

Date: _____

Below are some questions about how concerned you are about the possibility of **falling**.

Please reply thinking about how you usually do the activity. If you currently don't do the activity (for example, if someone does your shopping for you), please answer based on if you had to do the activity today.

For each of the following activities, please circle the number which best described how concerned you are that you might fall if you had to do the corresponding activity today.

		Not at all Concerned	Somewhat Concerned	Fairly Concerned	Very Concerned
1.	Cleaning the house (e.g. sweep, vacuum, dust).	1	2	3	4
2.	Getting dressed or undressed.	1	2	3	4
3.	Preparing simple meals.	1	2	3	4
4.	Taking a bath or shower.	1	2	3	4
5.	Going out to shop.	1	2	3	4
6.	Getting in or out of a chair.	1	2	3	4
7.	Going up or down stairs.	1	2	3	4
8.	Walking around the neighborhood.	1	2	3	4
9.	Reaching for something above your head or on the ground.	1	2	3	4
10.	Going to answer the telephone before it stops ringing.	1	2	3	4
11.	Walking on a slippery surface (e.g. wet or icy).	1	2	3	4
12.	Visiting a friend or relative.	1	2	3	4
13.	Walking in a place with crowds.	1	2	3	4
14.	Walking on an uneven surface (e.g. rocky ground, poorly maintained pavement).	1	2	3	4
15.	Walking up or down a slope/small hill.	1	2	3	4
16.	Going out to a social event (e.g. religious service, family gathering, or club meeting).	1	2	3	4

Score: _____ / 64