



FALLS EFFICACY SCALE

Name: _____ Date: _____

On a scale from 1 to 10, how confident are you that you do the following activities without falling?

		VERY CONFIDENT	Circle the number that is the best answer.										NOT CONFIDENT AT ALL
			1	2	3	4	5	6	7	8	9	10	
1	Taking a bath or shower.		1	2	3	4	5	6	7	8	9	10	
2	Reach into cabinets or closets.		1	2	3	4	5	6	7	8	9	10	
3	Walk around the house.		1	2	3	4	5	6	7	8	9	10	
4	Prepare meals not requiring carrying heavy or hot objects.		1	2	3	4	5	6	7	8	9	10	
5	Get in and out of bed.		1	2	3	4	5	6	7	8	9	10	
6	Answer the door or telephone.		1	2	3	4	5	6	7	8	9	10	
7	Get in or out of a chair.		1	2	3	4	5	6	7	8	9	10	
8	Getting dressed and undressed.		1	2	3	4	5	6	7	8	9	10	
9	Personal Grooming (i.e. washing face).		1	2	3	4	5	6	7	8	9	10	
10	Getting on and off the toilet.		1	2	3	4	5	6	7	8	9	10	

Total Score: _____

A total score of greater than 70 indicates that the person has a fear of falling.