

Name: _____

Date: _____

Please answer the following question and complete the Falls Efficacy Scale.

Have you fallen within the past 12 months? _____ Yes _____ No

Falls Efficacy Scale

On a scale from 1 to 10, with 1 being very confident and 10 being not confident at all, how confident are you that you can do the following activities without losing your balance or becoming unsteady? If you do not currently do the activity in question, try and imagine how confident you would be if you had to do the activity. If you normally use a walking aid (i.e. cane, walker, etc.) to do the activity or hold onto someone, rate your confidence as if you were using these supports.

	1	2	3	4	5	6	7	8	9	10
Completely Confident										No Confidence

Score: Activity:

_____ Take a bath or shower

_____ Reach into cabinets or closets

_____ Walk around the house

_____ Prepare meals not requiring carrying heavy or hot objects

_____ Get in and out of bed

_____ Answer the door or telephone

_____ Get in and out of a chair

_____ Getting dressed and undressed

_____ Personal grooming (i.e. washing your face)

_____ Getting on and off of the toilet
