

FALLS EFFICACY SCALE

NAME _____

DATE _____ / _____ / _____

**PLEASE RATE YOUR PAIN LEVEL WITH ACTIVITY FROM 0 TO 10:
(NO PAIN) 0 1 2 3 4 5 6 7 8 9 10 EXCRUCIATING PAIN)**

Please rate how confident you are that you can do each of the following activities without falling by circling a number from 0 to 10. If you have stopped doing an activity due to fear of falling, rate it 0. If you do not currently perform an activity for other reasons, just estimate how think you would rate it if you had to perform it today.

(NO CONFIDENCE) 0 1 2 3 4 5 6 7 8 9 10 (COMPLETELY CONFIDENT)

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|----|
| 1. Get dressed and undressed | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 2. Prepare a simple meal | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 3. Take a bath or shower | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 4. Get in / out of a chair | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 5. Get in / out of bed | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 6. Answer the door or telephone | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 7. Walk around the inside of your house | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 8. Reach into cabinets or closet | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 9. Light housekeeping | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 10. Simple shopping | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 11. Using public transport | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 12. Crossing roads | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 13. Light gardening | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 14. Using front or rear steps at home | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |