## **Falls Efficacy Scale**

| Name:_ | <br> |  | <br> |
|--------|------|--|------|
|        |      |  |      |
| Date:  |      |  |      |

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 do the following activities without falling?

| Activity:   | Score:<br>1=very confident<br>10=not confident at all |
|---|---|
| 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 the toilet                             |   |
| Total Score:  |   |

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