

Falls Efficacy Scale

Name: _____

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?

Take a bath or shower

1 2 3 4 5 6 7 8 9 10

Reach into cabinets or closets

1 2 3 4 5 6 7 8 9 10

Walk around the house

1 2 3 4 5 6 7 8 9 10

Prepare meals not requiring the carrying of heavy or hot objects

1 2 3 4 5 6 7 8 9 10

Get into and out of bed

1 2 3 4 5 6 7 8 9 10

Answer the door or telephone

1 2 3 4 5 6 7 8 9 10

Get in and out of a chair

1 2 3 4 5 6 7 8 9 10

Getting dressed and undresses

1 2 3 4 5 6 7 8 9 10

Personal Grooming (i.e. washing your face)

1 2 3 4 5 6 7 8 9 10

Getting on and off the toilet

1 2 3 4 5 6 7 8 9 10