

Falls Efficacy Scale International Questionnaire

Name: _____ Date: _____

We would like to ask some questions about how concerned you are about the possibility of falling. For each of the following activities, please circle the opinion closest to your own to show how concerned you are that you might fall if you did this activity. Please reply thinking about how you usually do the activity. If you currently don't do the activity, (i.e.: if someone does your shopping for you) please answer to show whether you think you would be concerned about falling *if* you did the activity.

		Not at all concerned	Somewhat concerned	Fairly concerned	Very concerned
1	Cleaning the house (i.e.: sweep, vacuum, or dust)	1	2	3	4
2	Getting dressed or undressed	1	2	3	4
3	Preparing simple meals	1	2	3	4
4	Taking a bath or shower	1	2	3	4
5	Going shopping	1	2	3	4
6	Getting in or out of a chair	1	2	3	4
7	Going up or down stairs	1	2	3	4
8	Walking around in the neighborhood	1	2	3	4
9	Reaching for something above your head or on the ground	1	2	3	4
10	Going to answer the telephone before it stops ringing	1	2	3	4
11	Walking on a slippery surface (i.e.: wet or icy)	1	2	3	4
12	Visiting a friend or relative	1	2	3	4
13	Walking in place with crowds	1	2	3	4
14	Walking on an uneven surface (i.e.: rocky ground, poorly maintained pavement)	1	2	3	4
15	Walking up or down a slope	1	2	3	4
16	Going out to a social event (i.e.: religious service, family gathering, or a club meeting)	1	2	3	4

Therapist Signature: _____