



Falls Efficacy Scale

Name _____

Date _____

Have you fallen or have had a near fall in the last year? ____ Yes ____ No

If yes, did it result in an injury of any kind? ____ Yes ____ No

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									
	1 VERY CONFIDENT					10 NOT CONFIDENT AT ALL				
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 carrying heavy or hot objects	1	2	3	4	5	6	7	8	9	10
Get in 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 undressed	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
	Total Score									

If your score is more than 70 you may have a risk of falling. Please ask your physical therapist for more information and treatment alternatives.