

## Falls Efficacy Scale

Name: \_\_\_\_\_

Date : \_\_\_\_\_

Patient Signature: \_\_\_\_\_

PT signature : \_\_\_\_\_

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?

<b>Activity:</b>	<b>Score:</b> 1 = very confident 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 of the toilet	
<b>Total Score</b>	

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

