# Falls Efficacy Scale

**Name:** _____ **Date:** _____ dd / mm / yyyy

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 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 of the toilet**

1 2 3 4 5 6 7 8 9 10

**Total Score:** _____

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

**Additional notes**