

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

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

## Fall Efficacy Scale

Rate each item from 1 to 10 based on how confident you feel with completing the activity without falling.

	1 = Completely 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