



650 Townbank Rd.; Ste 203; N. Cape May, NJ 08204 609 884-9800

We need to know how concerned you are about the possibility of falling. For each of the following activities, please circle the number showing 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 (e.g. 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. Please note that '1' = VERY Confident and as the numbers go up toward ten, your confidence level declines. "10" = NOT AT ALL Confident.

## Falls Efficacy Scale

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### Take a bath or shower

1:Very Confident    2    3    4    5    6    7    8    9    10:Not At All Confident

### Reach into cabinets or closets

1:Very Confident    2    3    4    5    6    7    8    9    10:Not At All Confident

### Walk around the house

1:Very Confident    2    3    4    5    6    7    8    9    10:Not At All Confident

### Prepare meals not requiring carrying heavy or hot objects

1:Very Confident    2    3    4    5    6    7    8    9    10:Not At All Confident

### Get in and out of bed

1:Very Confident    2    3    4    5    6    7    8    9    10:Not At All Confident

### Answer the door or telephone

1:Very Confident    2    3    4    5    6    7    8    9    10:Not At All Confident

### Get in and out of a chair

1:Very Confident    2    3    4    5    6    7    8    9    10:Not At All Confident

### Getting dressed and undressed

1:Very Confident    2    3    4    5    6    7    8    9    10:Not At All Confident

### Personal grooming (i.e. washing your face)

1:Very Confident    2    3    4    5    6    7    8    9    10:Not At All Confident

### Getting on and off of the toilet

1:Very Confident    2    3    4    5    6    7    8    9    10:Not At All Confident

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