	FALLS EFFICACY	SCALE
ID NUMBER:	FORM CODE: F E	S DATE: 04/01/2016 Version 1.0
ADMINISTRATIVE INFORMA	TION	
Da. Completion Date:		0b. Staff ID:

INTERVIEWER INSTRUCTIONS: Please hand the participant the response card that includes a description of the likert scale (1-4). Please read the following to the participant:

"We would like to learn more about how concerned you are about the possibility of falling. I am going to read a list of activities and I would like you to tell me how concerned you are, on scale from 1 to 4, that you may fall if you did this activity. As indicated on this card, 1 indicates not at all concerned; 2-somewhat concerned; 3-fairly concerned; and 4-very concerned.

Please reply thinking about how you usually do the activity. If you currently don't do the activity (example: if someone does your shopping for you), please answer about the level of concern for falling you think you would have IF you did the activity."

Falls Efficacy Scale International

		Not at all concerned	Somewhat Concerned	Fairly Concerned	Very Concerned
1	Cleaning the house, such as sweeping or vacuuming	1	2	3	4
2	Getting dressed or undressed	1	2	3	4
3	Preparing simple meals	1	2	3	4
4	Taking a bath or shower	1	2	3	4
5	Going shopping	1	2	3	4
6	Getting in or out of a chair	1	2	3	4
7	Going up or down stairs	1	2	3	4
8	Walking around in the neighborhood	1	2	3	4
9	Reaching for something above your head or on the ground	1	2	3	4
10	Going to answer the telephone before it stops ringing	1	2	3	4
11	Walking on a slippery surface, such as wet or icy floor	1	2	3	4

"How concerned are you about falling when....?"

		Not at all concerned	Somewhat Concerned	Fairly Concerned	Very Concerned
12	Visiting a friend or relative	1	2	3	4
13	Walking in a place with crowds	1	2	3	4
14	Walking on an uneven surface, such as rocky ground	1	2	3	4
15	Walking up or down a slope	1	2	3	4
16	Going out to a social event, such as church or family gathering	1	2	3	4

Not at all concerned	Somewhat	Fairly	Very
	Concerned	Concerned	Concerned
1	2	3	4