

Center for Balance, Gait & Fall Prevention

HVCPA Gait Analysis Lab

15 Mt. Ebo Road South; Brewster NY

(P) 845/ 878-9078 X 5944

Prevent a Fall



Falls Efficacy Scale-International

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Name: _____ Date of Birth: ____/____/____

We would like to ask some questions about how concerned you are about the possibility of falling. For each of the following activities, please circle the opinion closest to your own to show 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 (eg. if someone does your shopping for you), please answer whether you think you would be concerned IF you did the activity.

	Not at all Concerned	Somewhat Concerned	Fairly Concerned	Very Concerned
	1	2	3	4
1 Cleaning the house (eg. sweep, vacuum, dust)				
2 Getting dressed or undressed				
3 Preparing simple meals				
4 Taking a bath or shower				
5 Going to the shop				
6 Getting in or out of a chair				
7 Going up or down stairs				
8 Walking around the neighborhood				
9 Reaching for something above your head or on the ground				
10 Going to answer the telephone before it stops ringing				
11 Walking on slippery surfaces (eg. wet or icy)				
12 Visiting a friend or relative				
13 Walking in a place with crowds				
14 Walking on uneven surfaces (eg. rocky ground, poorly maintained pavement)				
15 Walking up or down a slope or hill				
16 Going out to a social event (eg. Religious service, family gathering or club meeting)				
Sub total				
Total				/64

Low Concern: 16-19; Moderate: 20-27; High: 28-64