



FYZICAL[®]

Therapy & Balance Centers

Falls Efficacy Scale

Patient Name: _____

Date: _____

Rate your confidence in your ability to perform the activities listed below
on a scale of 1-10.

1	Very Confident	2	3	Take a bath or shower				8	9	10	Not At All Confident
1	Very Confident	2	3	Reach into cabinets or closets				8	9	10	Not At All Confident
1	Very Confident	2	3	Walk around the house				8	9	10	Not At All Confident
1	Very Confident	2	3	Prepare meals not requiring carrying heavy or hot objects				8	9	10	Not At All Confident
1	Very Confident	2	3	Get in and out of bed				8	9	10	Not At All Confident
1	Very Confident	2	3	Answer the door or telephone				8	9	10	Not At All Confident
1	Very Confident	2	3	Get in and out of a chair				8	9	10	Not At All Confident
1	Very Confident	2	3	Getting dressed and undressed				8	9	10	Not At All Confident
1	Very Confident	2	3	Personal grooming (example: washing your face)				8	9	10	Not At All Confident
1	Very Confident	2	3	Getting on and off of the toilet				8	9	10	Not At All Confident

Total Score: _____