

**Fall Efficacy Scale- International Patient Score:\_\_\_\_\_\_**

Please tell us how concerned you are about the possibility of falling.

Please place an **X** in the appropriate box to show if you are: 1.Not concerned at all

2. Slightly concerned

3. Fairly concerned

4. Very concerned.

***DO NOT SKIP ANY ACTIVITY-*** if you do not do the activity, tell us how concerned you would be if you did.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | 1.Not concerned at all | 2.Slightly  concerned | 3.Fairly  concerned | 4.Very  concerned |
| 1. Cleaning house |  |  |  |  |
| 1. Getting dressed |  |  |  |  |
| 1. Cooking |  |  |  |  |
| 1. Taking a bath/shower |  |  |  |  |
| 1. Shopping |  |  |  |  |
| 1. Getting up/down from a chair |  |  |  |  |
| 1. Going up/down stairs |  |  |  |  |
| 1. Taking a walk outside |  |  |  |  |
| 1. Reaching above your head or bending over |  |  |  |  |
| 1. Getting to a ringing phone |  |  |  |  |
| 1. Walking on a slippery surface |  |  |  |  |
| 1. Visiting a friend |  |  |  |  |
| 1. Walking in a crowd |  |  |  |  |
| 1. Waling on rocky ground or uneven pavement |  |  |  |  |
| 1. Walking up/down a hill |  |  |  |  |
| 1. Going to church or a family gathering |  |  |  |  |