

 **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
 |  |  |  |  |