



## Falls Efficacy Scale (FES)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Rater: \_\_\_\_\_

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 (example: if someone does your shopping for you), please answer to show whether you think you would be concerned about falling IF you did the activity.

	Not at all concerned	Somewhat concerned	Fairly concerned	Very concerned
Cleaning the house (e.g. sweep, vacuum, dust)				
Getting dressed or undressed				
Preparing simple meals				
Taking a bath or shower				
Going to the shop				
Getting in or out of a chair				
Going up or down stairs				
Walking around in the neighborhood				
Reaching for something above your head or on the ground				
Going to answer the telephone before it stops ringing				
Walking on a slippery surface (e.g. wet or icy)				
Visiting a friend or relative				
Walking in a place with crowds				
Walking on an uneven surface (e.g. rocky ground, poorly maintained pavement)				
Walking up or down a slope				
Going out to a social event (e.g. religious service, family gathering, or club meeting)				

**Subtotal:**                    /64