

Applied Physical Medicine

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Falls Efficacy Scale

Please circle a number representing how confident you are in each of the following activities.

“1” would indicate you DO feel stable and confident doing the activity.

“10” would indicate that you DO NOT feel safe or confident doing the activity.

Taking a bath or shower:

1 2 3 4 5 6 7 8 9 10

Reaching into cabinets or closets:

1 2 3 4 5 6 7 8 9 10

Walking around the house:

1 2 3 4 5 6 7 8 9 10

Preparing meals (not requiring carrying heavy or hot objects):

1 2 3 4 5 6 7 8 9 10

Getting in and out of bed:

1 2 3 4 5 6 7 8 9 10

Answering the door / Getting to the telephone if it rings:

1 2 3 4 5 6 7 8 9 10

Getting in and out of a chair:

1 2 3 4 5 6 7 8 9 10

Getting dressed and undressed:

1 2 3 4 5 6 7 8 9 10

Personal grooming:

1 2 3 4 5 6 7 8 9 10

Getting on and off the toilet:

1 2 3 4 5 6 7 8 9 10

Signature _____

Print Name _____

Date _____