

Center for Physical Therapy & Sports Medicine

Fall Efficacy Scale

	NO PAIN					VERY SEVERE PAIN					
Please rate your pain level with activity:	0	1	2	3	4	5	6	7	8	9	10

	NOT CONFIDENT AT ALL				FAIRLY CONFIDENT				COMPLETELY CONFIDENT		
Get Dressed and undressed	0	1	2	3	4	5	6	7	8	9	10
Prepare a simple meal	0	1	2	3	4	5	6	7	8	9	10
Take a bath or a shower	0	1	2	3	4	5	6	7	8	9	10
Get in/out of a chair	0	1	2	3	4	5	6	7	8	9	10
Get in/out of bed	0	1	2	3	4	5	6	7	8	9	10
Answer the door or telephone	0	1	2	3	4	5	6	7	8	9	10
Walk around the inside of your house	0	1	2	3	4	5	6	7	8	9	10
Reach into cabinets or closet	0	1	2	3	4	5	6	7	8	9	10
Light housekeeping	0	1	2	3	4	5	6	7	8	9	10
Simple shopping	0	1	2	3	4	5	6	7	8	9	10
Using public transport	0	1	2	3	4	5	6	7	8	9	10
Crossing Roads	0	1	2	3	4	5	6	7	8	9	10
Light gardening or hanging out the washing	0	1	2	3	4	5	6	7	8	9	10
Using front or rear steps at home	0	1	2	3	4	5	6	7	8	9	10

Name: _____ Date of Birth: _____ Todays Date: _____