

Falls Efficacy Scale

Name: _____

Date: _____

On a scale from 1 to 10, with 1 being very confident and 10 being not confident at all, how confident are you that you can do the following activities without falling?

Activity	Score- 1= Very Confident 10= Not Confident at all
Take a bath or shower	
Reach into cabinets or closets	
Walk around the house	
Prepare meals not requiring carrying heavy or hot objects	
Get in and out of bed	
Getting dressed and undressed	
Personal grooming (i.e. washing your face)	
Getting on and off the toilet	
Total Score:	

TO BE COMPLETED BY PHYSICAL THERAPIST:

Patients Total Score: _____

Score greater than 70 indicates that the person has a fear of falling

Patients Current Disability Rating: _____

Modifer Code	% impaired, limited or restricted
CH	0%
CI	1-19%
CJ	20-39%
CK	40-59%
CL	60-79%
CM	80-99%
CN	100%