Falls Efficacy Scale-International (English)

I would like to ask some questions about how concerned you are about the possibility of falling. For each of the following activities, please circle the option closest to your own to show how concerned you are that you might fall if you did this activity. Please reply thinking about how much you usually do the activity. If you currently don't do the activity (example: if someone does the 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 1	Somewhat concerned 2	Fairly concerned 3	Very concerned 4
1	Cleaning the house (e.g. sweep, vacuum, dust)				
2	Getting dressed or undressed				
3	Preparing simple meals				
4	Taking a bath or shower				
5	Going to the shop				
6	Getting in or out of a chair				
7	Going up or down stairs				
8	Walking around in the neighborhood				
9	Reaching for something above your head or on the ground				
10	Going to answer the telephone before it stops ringing				
11	Walking on a slippery surface (e.g. wet or icy)				
12	Visiting a friend or relative				
13	Walking in a place with crowds				
14	Walking on an uneven surface (e.g. rocky ground, poorly maintained pavement)				
15	Walking up or down a slope				
16	Going out to a social event (e.g. religious service, family gathering, or club meeting)				
	Sub Total				
				TOTAL	/64