PALMETTO PAINMANAGEMENT

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FALL EFFICACY SCALE

Today's Date: _____ Patient Name: _____ DOB: _____

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 do the following activities without falling? Please mark "X" in corresponding box.

← Very Confident (Lower numbers) or Not Confident At All (Higher numbers) →											
	1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**TOTAL (Office Use)**
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											
Answer the door or telephone											
Get in and out of a chair											
Getting dressed and undressed											
Personal grooming (i.e.: washing your face)											
Get on and off the toilet											
											TOTAL SCORE: _____

Patient Signature: _____ Date: _____