

## and Rehabilitation Center

YOUR NAME (	PATIFNT):	TODAY'S DATE:
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## **FALLS EFFICACY SCALE**

	1: VERY CONFIDENT	2	3	4	5	6	7	8	9	10: NO CONFIDENCE
TAKE A BATH OR SHOWER										
REACH INTO CABINETS OR CLOSETS										
WALK AROUND THE HOUSE										
PREPARE MEALS NOT REQUIRING CARRYING										
HEAVY OR HOT OBJECTS										
ANSWER THE DOOR OR TELEPHONE										
GET IN AND OUT OF CHAIR										
GETTING DRESSED AND UNDRESSED										
PERSONAL GROOMING(IE: WASHING YOUR FACE)										
GETTING ON AND OFF THE TOILET										
GET IN AND OUT OF BED										