

Participant Number.....

Falls self-efficacy scale

We 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 opinion closest to your own to show how concerned you are that you might fall if you did this activity. Please reply thinking about how you usually do the activity. If you currently don't do the activity (e.g. if someone does your 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	Somewhat concerned	Fairly concerned	Very concerned
	1	2	3	4
Cleaning the house (e.g. sweep, vacuum or dust)	1	2	3	4
Getting dressed or undressed	1	2	3	4
Preparing simple meals	1	2	3	4
Taking a bath or shower	1	2	3	4
Going to the shop	1	2	3	4
Getting in or out of a chair	1	2	3	4
Going up or down stairs	1	2	3	4
Walking around in the neighbourhood	1	2	3	4

Activity Avoidance

Please could you answer the following 2 questions. Please circle the most appropriate response.

Are you afraid of falling?	never	almost never	sometimes	often	very often
Do you avoid certain activities due to fear of falling?	never	almost never	sometimes	often	very often