Performing Arts Physical Therapy
The Pilates Studio® of Los Angeles

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Balance Questionnaire

Modified Falls Efficacy Scale (MFES) · Initial Visit

Today's date: _____ **Date of birth:** _____

Name: _____

Please rate your pain level with activity: No pain | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Very severe pain

INSTRUCTIONS

On a scale of 0 to 10, how confident are you that you can do each of these activities without falling, with 0 meaning "not confident/not sure at all", 5 being "fairly confident/fairly sure", and 10 being "completely confident/completely sure"?

- If you have stopped doing the activity at least partly because of being afraid of falling, score a 0.
- If you have stopped an activity purely because of a physical problem, leave that item blank.
- If you do not currently do the activity for other reasons, please rate that item based on how you perceive you would rate if you had to do the activity today.

	Not confident at all			Fairly confident					Completely confident		
1. Get dressed and undressed	0	1	2	3	4	5	6	7	8	9	10
2. Prepare a simple meal	0	1	2	3	4	5	6	7	8	9	10
3. Take a bath or a shower	0	1	2	3	4	5	6	7	8	9	10
4. Get in/out of a chair	0	1	2	3	4	5	6	7	8	9	10
5. Get in/out of bed	0	1	2	3	4	5	6	7	8	9	10
6. Answer the door or telephone	0	1	2	3	4	5	6	7	8	9	10
7. Walk around the inside of your house	0	1	2	3	4	5	6	7	8	9	10
8. Reach into cabinets or closet	0	1	2	3	4	5	6	7	8	9	10
9. Light housekeeping	0	1	2	3	4	5	6	7	8	9	10
10. Simple shopping	0	1	2	3	4	5	6	7	8	9	10
11. Using public transport	0	1	2	3	4	5	6	7	8	9	10
12. Crossing roads	0	1	2	3	4	5	6	7	8	9	10
13. Light gardening or hanging out the washing*	0	1	2	3	4	5	6	7	8	9	10
14. Using front or rear steps at home	0	1	2	3	4	5	6	7	8	9	10

* Rate the most commonly performed of these activities.