

The Falls Behavioural (FaB) Scale for the Older Person

The FaB Scale is a list of 30 statements that describes things we do in our everyday lives. Please read each statement carefully.

Circle how much each statement describes the things you do in your daily life. For example:

Never	Some- times	Often	Always
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Only circle 'Doesn't apply' if the situation is something to which you are not exposed (for example, if you do not have a phone).

Would this describe the things you do in your daily life?	Circle which one applies				
1. When I stand up I pause to get my balance.	Never	Some- times	Often	Always	
2. I do things at a slower pace.	Never	Some- times	Often	Always	
3. I talk with someone I know about things I do that might help prevent a fall.	Never	Some- times	Often	Always	
4. I bend over to reach something only if I have a firm handhold.	Never	Some- times	Often	Always	Doesn't apply
5. I use a walking stick or walking aid when I need it.	Never	Some- times	Often	Always	Doesn't apply
6. When I am feeling unwell I take particular care doing everyday things.	Never	Some- times	Often	Always	Doesn't apply
7. I hurry when I do things.	Never	Some- times	Often	Always	
8. I turn around quickly.	Never	Some- times	Often	Always	

Would this describe the things you do in your daily life?	Circle which one applies
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Now, these are things you do indoors

9. To reach something up high I use the nearest chair, or whatever furniture is handy, to climb on.	Never	Some-times	Often	Always	Doesn't apply
10. I hurry to answer the phone.	Never	Some-times	Often	Always	Doesn't apply
11. I get help when I need to change a light bulb.	Never	Some-times	Often	Always	
12. I get help when I need to reach something very high.	Never	Some-times	Often	Always	
13. When I am feeling ill I take special care of how I get up from a chair and move around.	Never	Some-times	Often	Always	Doesn't apply
14. When I am getting down from a ladder or step stool I think about the bottom rung/step.	Never	Some-times	Often	Always	Doesn't apply

Now, these are about lighting and eyesight

15. I notice spills on the floor.	Never	Some-times	Often	Always	
16. I use a light if I get up during the night.	Never	Some-times	Often	Always	
17. I have made changes at home to make the lighting better.	Never	Some-times	Often	Always	
18. I clean my spectacles.	Never	Some-times	Often	Always	Doesn't apply
19. When wearing bifocals or trifocals I misjudge a step or do not see a change in floor level.	Never	Some-times	Often	Always	Doesn't apply

Now, these are about shoes

20. When I buy shoes I check the soles to see if they are slippery.	Never	Some-times	Often	Always	
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Now, these are things outdoors

21. When I walk outdoors I look ahead for potential hazards.	Never	Some-times	Often	Always	
22. I avoid ramps and other slopes.	Never	Some-times	Often	Always	
23. I avoid going out on windy, icy or wet days.	Never	Some-times	Often	Always	

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Would this describe the things you do in your daily life?	Circle which one applies				
24. When I go outdoors I think about how to move around carefully.	Never	Some-times	Often	Always	
25. I cross at traffic lights or pedestrian crossings whenever possible.	Never	Some-times	Often	Always	Doesn't apply
26. I hold onto a handrail when I climb stairs.	Never	Some-times	Often	Always	Doesn't apply
27. I avoid walking about in crowded places.	Never	Some-times	Often	Always	
28. I keep shrubbery and plants trimmed back on the pathways to my front/back doors.	Never	Some-times	Often	Always	Doesn't apply
29. I carry groceries up the stairs only in small amounts.	Never	Some-times	Often	Always	Doesn't apply

And, finally, these are about medications

30. I ask my pharmacist or Dr. questions about side effects of my medications.	Never	Some-times	Often	Always	Doesn't apply
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Thank you for completing the Falls Behavioural Scale for the Older Person