

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 |
|-------|----------------|-------|--------|

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 |
|---|--------------------------|

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 | |
|---|-------|------------|-------|--------|--|

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 | |

| 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 doctor questions about side effects of my medications. | Never | Some-times | Often | Always | Doesn't apply |
|---|-------|------------|-------|--------|---------------|

Thank you for completing the Falls Behavioural Scale for the Older Person