

MFES - Initial Visit

Today's Date: ____ / ____ / ____

Date of Birth: ____ / ____ / ____

Name: _____

Please rate your pain level with activity:

0	1	2	3	4	5	6	7	8	9	10
NO PAIN					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

	NOT CONFIDENT AT ALL				FAIRLY CONFIDENT				COMPLETELY CONFIDENT			
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 MOST COMMONLY PERFORMED OF THESE ACTIVITIES