

The Falls Behavioural (FaB) Scale for the Older Person

Instruction manual

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Introduction

The Falls Behavioural (FaB) Scale for the Older Person is an assessment tool designed to identify the older person's awareness of and practice of behaviours that could potentially protect against falling. People who do not use protective behaviours are potentially at risk of falling, in particular, if they are in a group with risk factors for falls such as declining function. Thus, the FaB includes the kinds of day-to-day behaviours and actions, both habitual and intentional, that if not done safely can place a person at undue risk of falling.

Behaviour has been operationally defined by Gochman (1988) as something that people "do or refrain from doing, although not always consciously or voluntarily" and relates to overt behaviour patterns, actions, and habits. This working definition also includes "mental events and feeling states that are 'observed' or measured indirectly." These behaviour patterns, actions and habits also closely interact with situational and environmental cues (Ronis, Yates, & Kirscht, 1989). Falls occur across a range of environments and situations at home and in the community and, while peaking during the mid morning and early evening, they can occur throughout the day and night. They most often occur while walking but can also occur during activity.

The FaB is intended to provide a way of focussing on everyday situations identifying the behaviour patterns, actions and habits that protect against falling. In developing the FaB scale a factor analysis has highlighted ten dimensions that contribute to understanding the nature of behavioural factors and falls. These dimensions are Cognitive Adaptations, Protective Mobility, Avoidance, Pace, Awareness, Practical Strategies, Displacing Abilities, Being Observant, Changes in Level and Getting to the Phone.

The development of the tool has been published (Clemson, Cumming, & Heard, 2003) and we suggest you refer to this article to provide essential background and further information. The tool was developed as part of the first author's PhD work. The aim was to fill a gap in current fall assessment tools and provide a way of measuring behaviours that could contribute to falling. The tool was originally designed as an outcome measure in a randomized trial evaluating the effectiveness of a multi-faceted falls prevention program (Clemson, Cumming, Kendig et al., 2003; Clemson, Swann et al., in press) The FaB has also been briefly trialed in clinical practice by occupational therapists to explore its usefulness in practice and this has further indicated some potential application.

Administration

The FaB Scale can be self-administered by the older person or administered by interview. It usually takes about 5 to 10 minutes to complete. It can also be mailed to the person prior to a home visit.

Respondents are encouraged to provide a rating (Never, Sometimes, Often, or Always) for each statement and to avoid the “Doesn’t apply” category unless absolutely necessary. This is why we have tried to offer “Doesn’t apply” only for those items it seems to fit as a possibility.

Instructions

The following are the verbal and written instructions given to the person completing the instrument.

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	<input checked="" type="radio"/> 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).

Additional verbal explanation

There might be a tendency to answer some questions in a particular way because this will appear to be more socially acceptable.

Alternatively, there are often things we do habitually and, therefore, sub-consciously. So it may not be so easy to be aware of how, or to what degree, we actually do some things. In order to pre-empt and, therefore, decrease the chance of a social desirability effect or, alternatively, to help the person reflect on what they actually do, we suggest providing the following explanation.

This scale describes things you might do in your daily life. We don’t expect that you do everything properly or perfectly because the reality is that we all have little habits that can make us a little haphazard or a little less safe at times. It’s what makes us individuals. For example, we all think that it is better not to have clutter around the house. But, in reality, many of us (me included) often do leave clutter around and we tend not to see it. So, if you could really think carefully about each of these everyday things and let me know which one is closest for you.

Coding guidelines

The following FaB statements sometimes need clarifying when coding.

2. *I do things at a slower pace.* This is about if they consciously take things more slowly. Have they consciously slowed their pace to what they were used to doing?
6. *When I am feeling unwell I take particular care doing everyday things.* When unwell do they make a conscious effort to take things easier and do things with a bit more care or do they not feel there is a need to do so? If they say that they always take care doing everyday things and that being unwell makes no difference, rate as 'always.'
13. *When I am feeling ill I take special care of how I get up from a chair and move around.* As above, if they say that they always take special care of how they get up from a chair and move around then rate as 'always.'
15. *I notice spills on the floor.* This statement is trying to get at if the person thinks that they see spills on the floor, that is, if they are always aware of spills that happen.

The protective behavior expected to follow from noticing a spill is that the spill is cleaned up straight away and, if it is a grease or oil based spill, that a detergent is used to clean it up. The first version of the FaB included a statement 'I clean up spills straight away.' This, however, was dropped as most people answered "always" to it. Thus, we found the "I notice spills on the floor" statement to be more discriminating.

17. *I adjust the lighting at home to suit my eyesight.* Most people seem to answer- never "I have not really done anything to change the lighting at home" or "sometimes," for example, "I have reduced the glare by adjusting the curtains to get rid of the afternoon sun" or "done things that have made more natural light in the living area" or "improved the lighting by buying higher wattage globes." If people do not understand the question then these examples can also be given as prompts. However, first try and get the person to say if they have or have not made any changes to, such as, improving dimness or reducing glare.
18. *I clean my spectacles.* '...when they need cleaning' is understood. Therefore, a rating of 'always' means "as soon as they need cleaning I immediately clean them."

21. *When I walk outdoors I look ahead for potential hazards.* The safe practice here is to scan at least four paces ahead when walking to allow time to adjust their step to avoid a hazard. It is not acceptable if the person tends to look directly downwards rather than a little ahead. In this case the response is scored as ‘never.’ They are meant to look down when they get to the potential hazard to safely step over it or to negotiate steps or stairs.
23. *I go out on windy days.* ‘Always’ does not mean you are out on every windy day. It is referring to if you were planning to go out and the day is windy. Do you alter your plans – always, often, sometimes, or never?
29. *I carry groceries up the stairs only in small amounts.* This tends to have an ‘always,’ ‘never’ or, if they don’t ever climb steps, a ‘does not apply’ response. This is potentially a protective behavior for some people where they avoid carrying groceries that are too heavy or difficult to manage. If they do not have stairs at home, prompt to see if they have steps or stairs at their shops.
30. I ask my pharmacist or Dr. questions about side effects of my medications. Some people say that they don’t ask but the Dr. always explains. Before rating this answer as a ‘never’ response, use the following prompts to clarify. Does he always explain to your satisfaction? Would you ever ask your pharmacist or Dr. a question? How often might that be? If later you are a bit unsure, would you clarify anything with your pharmacist? How often might that be?

Interpretation of scores

Recode the following six items (1(never) = 4 (always), 2 (sometimes) = 3 (often), 3 = 2, and 4 = 1) prior to analysis to ensure high scores equal the safest behaviours and low scores the riskiest behaviours.

FaB Item number	Item
7.	I hurry when I do things
8.	I turn around quickly.
9.	To reach something up high I use the nearest chair, or whatever furniture is handy, to climb on.
10.	I hurry to answer the phone.
19.	When wearing bifocals I misjudge a step or do not see a change in floor level
23.	I go out on windy days

In comparing total FaB scores we recommend using the total FaB mean scores for items rather than a total FaB summed score.

We found higher scores for people who reported that they had had a fall in the past year (Clemson, Cumming, & Heard, 2003). We concluded that this meant safer behaviours were used by people who had fallen. These results were statistically significant but not strong. It does, however, provide a benchmark to compare further investigations. We expect that a program aimed at behavioural change should show a difference in pre and post FaB scores. The tool is currently being used as an outcome measure in a randomized trial of a falls prevention program (see, Clemson, Cumming, Kendig et al, 2003). This will provide further investigation of the FaB's usefulness in research and program evaluation.

Comparative scores

These initial comparative scores are from the group of 418 older volunteers reported in the Clemson, Cumming and Heard (2003) study. The mean age of the group was 76.8 years. Thirty four percent of the group reported one or more falls in the past year with no significant difference between females and males. Physical functioning, measured by the physical functioning dimension of the SF-36 Health Survey (Ware, Snow, Kosinski, & Gandek, 1993), was found to be similar to Australian norms for same age and gender.

The mean score for the group was 2.97 (standard deviation 0.48) with a median of 3.00. Table 1 shows mean scores for age and gender.

Table 1 FaB means for age and gender

Gender	Age								
	65-74			75-85			85-98		
	M	SD	n	M	SD	n	M	SD	n
Female	2.5	0.4	5	2.92	0.4	8	3.1	0.3	6
Male	2.7	0.4	7	3.15	0.4	2	3.3	0.3	4

Factor sub-scales

Factor sub-scales can be computed by listing items and calculating their average score. This is the recommended and easiest method and should closely approximate the alternate but more complex method below.

Alternative methods can be used using the item loading coefficients (Appendix B) as weightings. In this case, the following formula is recommended. We have used loading coefficients for factor 1 (Cognitive Adaptations) as an illustration:

Factor 1 = $((\text{Var1} \times 0.067)/n_1) + ((\text{Var2} \times 0.207)/n_2) + ((\text{Var3} \times 0.292)/n_3) \dots\dots\dots + ((\text{Var30} \times 0.427)/n_{30})$.

Thus, the factor sub-scale is the mean of the values for (Var1 x 0.067) through to (Var30 x 0.427). Var1 is the score for the first item *When I stand up I pause to get my balance* and the number, 0.067, is the loading coefficient obtained in the factor analysis for that variable in factor 1 (see Appendix B). The mean is obtained by dividing by the number of cases (n).

Limitations

Both the FaB's strengths and limitations need to be considered to place in perspective the usefulness of the tool. The tool is designed to rely on the older person's self perceptions of their own behaviours. While the development process produced a broad range of situations and resultant behaviours, it is not a fully comprehensive list. For example, most people perceived that they did not leave objects lying on the floor in and about walkways and, therefore, a related item was not found to be not useful and therefore not included in the final tool. If using this tool to determine the entire range of behavioural factors as an intervention measure, then other methods such as observation and discussion may need to supplement the FaB results.

The FaB provides a profile of the person's perception of their behaviours. See ideas for usefulness in the *Application* section. The interpretation of whether some actions are risky for individuals needs to be interpreted in conjunction with other evaluations of capabilities such as mobility, gait and environment.

The sample groups used in the development of this tool were substantially from English speaking Western cultures. The appropriateness of using this tool cross-culturally (for example, the meanings of words may differ) has not been tested. Further work is needed to determine its usefulness with people from different cultural backgrounds.

Reliability and Validity

The development, reliability and validity of this tool have been published as Clemson, Cumming and Heard (2003). Results are from the 418 volunteer sample they reported and which is briefly described on page 5.

Reliability

Internal consistency of the FaB scale was 0.84 using Cronbach alpha. The internal consistency of the factors was variable and is reported in the published paper.

The test-retest reliability was determined using an additional sample of 37 volunteers, aged 69 to 93 years with an average age of 80.3 years. Respondents were given the tool to complete by themselves and then once again over a two-week period. These results are presented in Appendix A

Validity

Content validity was established in the development phase from a content analysis of literature and other data from current relevant research (Clemson, Manor, & Fitzgerald, 2003) followed by an expert review process using a delphi panel approach. The scale then underwent a factor analysis resulting in the final 30-item scale (Appendix C). The Content Validity Index (Lynn, 1986; Waltz & Bausell, 1981) was estimated as 0.93.

The factor analysis (Clemson, Cumming & Heard, 2003) delineated ten behavioural dimensions that are described below. The FaB items that factor on each dimension are listed in the published paper. Factors seven and ten had only one item each (interpreting the loading coefficient cutoff level as > 0.40 , (Bryant & Yarnold, 1995).

Behavioural Dimensions	Description of high scores
1. Cognitive Adaptations	This dimension describes behaviours associated with thinking and planning.
2. Protective Mobility	Strategies used when negotiating the environment in a supportive or protective manner.
3. Awareness	Behaviours associated with noticing things such as traffic way hazards.
4. Avoidance	The person who scores high on this dimension avoids risky situations.
5. Pace	This person avoids doing things quickly.
6. Practical Strategies	Practical strategies that often involve anticipation or planning.
7. Displacing Activities	Avoiding activities that cause displacement, in particular, going out on windy days.
8. Being Observant	Behaviours associated with being observant or vigilant in looking out for particular hazards.
9. Changes in level	Behaviours about coping with changes in levels suggesting the person has strategies in place to cope with higher activity levels.
10. Getting to the phone	Taking care getting to or reaching for things, such as, the phone.

Construct Validity was supported by showing that, as expected, FaB scores were positively associated with increasing age ($r_s = .46$, $p < .01$) and negatively associated with greater physical mobility ($r_s = -.68$, $p < .01$) and leaving home more often in the past week ($r_s = -.51$, $p < .01$).

Associations due to gender were also explored. Pace and Protective Mobility were used equally by males and females whereas females favored Avoidance and Cognitive Adaptation strategies. The strongest association was Avoidance used more often by females ($t = 6.37$, $p < .01$).

Applications

1. The FaB Scale has been used as an epidemiological assessment tool to show a difference in the participants' use of protective behaviours compared to controls.
2. It could be used pre and post a falls prevention intervention to indicate the extent the participants are using risk taking or safe behavioural strategies.
3. The FaB Scale has also been found useful as:
 - An assessment in clinical practice. It can give a profile of the range of strategies people are using.
 - A goal setting tool.
 - A prompt to discuss behavioural factors and falls and as an aide in reflective learning.
 - A way of raising awareness of the broader focus of the therapist visit.

The following provide illustrative examples:

Mrs. Williams said she cleaned her glasses after completing the FaB as she suddenly realized that dirty glasses could contribute to her falls. This was much more effective as she made the connection rather than the health professional prompting.

Mrs Duncan was referred to the Falls Clinic by her General Medical Practitioner. She had had a stroke four years previously and currently has Chronic Airways Limitations and limited vision in one eye due to a right retinal hemorrhage. The FaB was mailed to her prior to the home visit and she completed it with her daughter. On the home visit by the occupational therapist the FaB scale was reviewed as the first assessment. The issues they identified together as risk factors using the FaB were:

- Never uses a walking stick or mobility aid
- Never notices spills on the floor
- Misjudges steps when wearing bifocals, and
- Not asking the pharmacist for advice on medications.

Thus, the intervention strategies included:

- Investigating a mobility aid to improve safety and to compensate for her decreased vision
- Education on depth perception and compensatory strategies, particularly with steps and changes of levels.
- Education with Mrs. Duncan and her daughter about clearing pathways around the home and removing the heater extension cord.

In addition to the FaB, other evaluations were a review of the environment for hazards and an assessment of Mrs. Duncan's functional abilities.

The FaB was found to be a reasonably short scale for Mrs. Duncan to complete. It allowed the occupational therapist to concentrate falls education on the client's needs. For example, she was well informed about safe footwear and did have safe and well fitting footwear so time was not wasted on this aspect.

- If you have any examples of usefulness (or limitations) of the FaB scale please let us know.

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Appendix A Test-retest Reliability for FaB items and FaB factor scales

FaB items	ICC [†]	F	df
Use walking aid when need	0.98**	42.30	25
Use light at night	0.97**	37.87	35
Clean my spectacles	0.93**	14.52	34
Buy shoes check sole	0.93**	14.52	33
Do things slower	0.92**	12.28	36
Carry groceries stairs	0.91**	10.58	22
Hurry do things	0.90**	10.19	36
Get help reach high	0.90**	10.89	34
Hold onto handrail	0.90**	9.85	33
Avoid crowds	0.90**	10.14	32
Adjust lighting	0.89**	8.12	34
Misjudge step with bifocals	0.89**	8.96	23
Go out on windy days	0.89**	9.23	35
Keep shrubbery trimmed	0.89**	8.62	16
Hurry answer phone	0.86**	7.09	34
Talk with someone	0.85**	7.18	35
Turn around quick	0.85**	6.64	36
I stand up pause	0.84**	6.40	36
Get help change light	0.83**	5.61	35
Bend over with firm hold	0.79**	4.80	34
Cross at traffic lights	0.79**	4.87	30
Walk outdoors look ahead	0.77**	4.51	34
Outdoors think how	0.76**	4.07	34
Feeling ill take care up	0.75**	3.93	34
Notice spills	0.69**	3.12	35
Ask pharmacist medication	0.68**	3.02	33
Reach high nearby chair	0.67**	2.94	26
Avoid ramps	0.65**	3.00	35
Feeling unwell take care	0.61**	2.55	35
Factor Scales			
Protective Mobility	.96**	22.94	36
Pace	.93**	14.82	36
Avoidance	.91**	11.27	36
Getting to the Phone	.91**	11.02	36
Awareness	.86**	6.96	36
Being Observant	.83**	5.67	36
Cognitive Adaptation	.82**	5.92	36
Displacing Activities	.81**	5.27	36
Practical Strategies	.79**	4.59	36
Changes in Level	.78**	4.48	36

**Significant at the .01 level.

[†]ICC Intra-class correlation coefficients.

Appendix B Table of factor coefficient loadings

FaB Item	*Factors									
	1	2	3	4	5	6	7	8	9	10
1. When I stand up I pause to get my balance.	0.067	0.701	0.078	0.182	-0.101	0.373	0.100	0.063	0.018	-0.062
2. I do things at a slower pace.	0.207	0.676	-0.137	-0.070	0.200	0.013	0.100	0.201	0.105	0.204
3. I talk with someone I know....	0.292	0.217	-0.064	0.202	-0.128	0.623	0.034	0.217	0.150	0.022
4. I bend over to reach ... if have firm handhold.	0.287	0.599	0.325	-0.020	-0.024	0.241	0.055	-0.111	-0.134	0.272
5. I use a walking stick aid when I need it.	0.074	0.709	0.134	-0.012	0.395	-0.119	-0.285	-0.008	-0.138	-0.106
6. When I am feeling unwell take particular care.....	0.488	0.425	0.195	-0.044	0.170	0.171	0.279	-0.171	0.219	0.070
7. I hurry when I do things.	-0.005	0.194	-0.136	0.099	0.800	0.134	0.009	0.027	0.108	0.052
8. I turn around quickly.	0.079	0.038	0.035	-0.111	0.764	-0.037	0.054	0.127	0.010	0.149
9. To reach something up high use nearest chair	0.055	0.029	0.214	0.042	0.343	0.458	-0.243	0.230	0.065	0.100
10. I hurry to answer the phone.	-0.053	0.063	0.008	0.106	0.285	0.118	-0.049	0.073	0.031	0.760
11. I get help when I need to change a light bulb.	0.127	0.111	0.808	-0.094	-0.192	-0.055	-0.059	0.091	0.031	0.063
12. I get help when need reach something very high.	0.427	0.038	0.499	0.081	-0.181	0.055	-0.142	0.271	-0.086	0.399
13. When feeling ill take special care get up from chair	0.526	0.327	0.321	-0.034	0.080	0.100	0.340	0.054	0.165	-0.071
14. When getting down step stool think about bottom	0.263	0.204	-0.023	0.283	-0.043	-0.175	0.254	0.109	0.578	-0.268
15. I notice spills on the floor.	0.161	-0.075	0.091	0.663	-0.179	-0.417	-0.083	0.105	0.147	0.110
16. I use a light if I get up during the night.	0.221	0.148	0.687	0.093	0.273	0.032	0.121	-0.357	0.014	-0.011
17. I adjust the lighting at home to suit my eyesight.	0.188	-0.157	0.494	0.352	0.124	0.142	0.092	0.358	0.004	-0.256
18. I clean my spectacles.	0.157	-0.097	-0.003	0.607	0.140	0.356	-0.196	0.060	0.112	-0.376
19. When wearing bifocals I misjudge a step	0.116	-0.115	0.029	-0.096	0.136	0.015	-0.156	0.004	0.750	0.085
20. When I buy shoes I check the soles to see	0.133	0.125	0.089	0.077	0.176	0.091	0.036	0.762	0.041	0.096
21. When walk outdoors look ahead for hazards	0.618	0.146	-0.093	0.095	0.263	-0.107	0.126	0.410	-0.331	-0.165
22. I avoid ramps and other slopes.	0.228	0.476	0.419	-0.194	0.104	0.087	0.050	0.154	-0.200	-0.135
23. I go out on windy days.	0.122	0.014	0.039	0.071	0.041	0.025	0.854	0.037	-0.111	-0.045
24. When I go outdoors think about how to move	0.652	0.186	0.098	0.031	0.162	0.263	0.210	0.129	0.010	0.024
25. I cross at traffic lights	0.741	-0.031	0.200	-0.015	-0.159	0.110	-0.010	-0.082	0.230	-0.101
26. I hold onto a handrail when I climb stairs.	0.622	0.296	0.206	0.048	0.041	0.151	-0.122	0.191	0.097	0.091
27. I avoid walking about in crowded places.	0.267	0.171	0.082	-0.021	0.100	0.696	0.151	-0.087	-0.236	0.135
28. I keep shrubbery trimmed back on pathways	0.060	-0.097	-0.142	0.737	-0.134	0.062	0.223	-0.065	-0.271	0.117
29. I carry groceries up stairs only in small amounts.	0.069	0.095	0.534	0.041	-0.108	0.302	0.398	0.382	0.210	0.022
30. I ask	-0.240	0.238	0.079	0.739	0.167	0.169	0.051	0.097	0.059	0.082

Extraction Method: Principal Component Analysis. Rotation Method: Varimax with Kaiser Normalization. Rotation converged in 16

*Factors: 1. Cognitive Adaptations, 2. Protective Mobility, 3. Avoidance, 4. Awareness, 5. Pace, 6. Practical strategies, 7. Displacing activities, 8.

Being observant, 9. Changes in level, 10. Getting to the phone.

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	<input checked="" type="radio"/> 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	<input checked="" type="radio"/> Often	Always	
2. I do things at a slower pace.	Never	Some- times	<input type="radio"/> Often	Always	
3. I talk with someone I know about things I do that might help prevent a fall.	Never	Some- times	<input type="radio"/> Often	Always	
4. I bend over to reach something only if I have a firm handhold.	Never	Some- times	<input type="radio"/> Often	Always	Doesn't apply
5. I use a walking stick or walking aid when I need it.	Never	Some- times	<input type="radio"/> Often	Always	Doesn't apply
6. When I am feeling unwell I take particular care doing everyday things.	Never	Some- times	<input type="radio"/> Often	Always	Doesn't apply
7. I hurry when I do things.	Never	Some- times	<input type="radio"/> Often	Always	
8. I turn around quickly.	Never	Some- times	<input type="radio"/> 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 adjust the lighting at home to suit my eyesight.	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	

Would this describe the things you do in your daily life?	Circle which one applies				
23. I go out on windy days.	Never	Some- times	Often	Always	
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