

General Assessment Series

Best Practices in Nursing Care to Older Adults

Assessment of Fear of Falling in Older Adults: The Falls Efficacy Scale-International (FES-I)

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WHY: Any older adult who falls, with or without sustained injury, may develop a fear of falling. This may cause curtailment of activities, leading to reduced mobility and physical fitness, and increasing risk of falling and injury (CDC, 2021; Vellas et al., 1997). Assessment of fear of falling, followed by appropriate interventions, is crucial to promote independence, mobility, function, wellness, and safety of older adults.

BEST TOOL: The Falls Efficacy Scale-International (FES-I) is a short, easy to administer tool that measures the level of concern about falling during 16 social and physical activities inside and outside the home whether or not the person actually does the activity. The level of concern is measured on a four-point Likert scale (1=not at all concerned to 4=very concerned) (Yardley et al., 2005). The FES-I was developed in a collaborative effort with members of the Prevention of Falls Network Europe (ProFaNE), European Committee focused on fall prevention and the psychology of falling. The group tested the FES-I using different samples in different countries and translated the tool into several languages.

TARGET POPULATION: Older adults with or without a history of fear of falling.

VALIDITY AND RELIABILITY: Upon initial development and validation, the FES-I had excellent internal validity (Cronbach's alpha=0.96) as well as test-retest reliability (ICC=0.96) (Yardley, Beyer et al., 2005). This tool was developed to expand on the initial Falls Efficacy Scale (FES) (Tinetti et al., 1990) to include social activities that may be considered more challenging by more active people, thereby potentially causing more concerns about falling than the basic activities presented in the initial FES. These additional activities correspond to items 11-16 on the FES-I. The FES-I was developed with factor analysis and demonstrates excellent psychometric properties in comparison to the FES. Research demonstrated validity and reliability with both cognitively intact and cognitively-impaired older adults (Hauer et al., 2011). The Short FES-I, a 7-item version of the FES-I, was developed to minimize potential assessment burden in clinical practice and research. The Short FES-I showed excellent internal and 4-week test-retest reliability (Cronbach's alpha 0.92, intra-class coefficient 0.83) in a mixed sample of community-dwelling older adults and considered comparable to the FES-I (Kempen et al, 2008). Additionally, the Short FES-I was deemed sensitive to detecting intervention-induced changes in concerns about falling in older patients with dementia (Hauer et al., 2011).

STRENGTHS AND LIMITATIONS: The wording of the items on the FES-I accounts for cross-cultural differences (Yardley et al., 2005) and has been translated into many languages. The FES-I provides more detail regarding concerns about falling in relation to conducting various activities compared to a single item rating measure (Greenberg et al., 2016). The FES-I, as opposed to the Short FES-I is recommended for clinicians and researchers interested in all 16 activities accounted for on the scale.

FOLLOW UP: As needed or on a yearly basis to assess for fear of falling.

MORE ON THE TOPIC:

Best practice information on care of older adults: <https://hign.org>.

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Falls Efficacy Scale-International (English)

I would like to ask some questions about how concerned you are about the possibility of falling. For each of the following activities, please circle the opinion closest to your own to show how concerned you are that you might fall if you did this activity. Please reply thinking about how you usually do the activity. If you currently don't do the activity (example: if someone does your shopping for you), please answer to show whether you think you would be concerned about falling IF you did the activity.

		Not at all concerned 1	Somewhat concerned 2	Fairly concerned 3	Very concerned 4
1	Cleaning the house (e.g. sweep, vacuum, dust)				
2	Getting dressed or undressed				
3	Preparing simple meals				
4	Taking a bath or shower				
5	Going to the shop				
6	Getting in or out of a chair				
7	Going up or down stairs				
8	Walking around in the neighborhood				
9	Reaching for something above your head or on the ground				
10	Going to answer the telephone before it stops ringing				
11	Walking on a slippery surface (e.g. wet or icy)				
12	Visiting a friend or relative				
13	Walking in a place with crowds				
14	Walking on an uneven surface (e.g. rocky ground, poorly maintained pavement)				
15	Walking up or down a slope				
16	Going out to a social event (e.g. religious service, family gathering, or club meeting)				
Sub Total					
TOTAL					/64

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Reference: Yardley, L., Beyer, N., Hauer, K., Kempen, G., Piot-Ziegler, C., & Todd, C. (2005). Development and initial validation of the Falls Efficacy Scale-International (FES-I). *Age and Ageing*, 34(6), 614-619. <https://doi.org/10.1093/ageing/afi196>.

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