

Spinal Cord Injury-Falls Concern Scale (SCI-FCS)

Now we 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 (e.g. 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.

		<i>Not at all concerned</i> 1	<i>Somewhat concerned</i> 2	<i>Fairly concerned</i> 3	<i>Very concerned</i> 4
1	Getting dressed or undressed	1	2	3	4
2	Moving around the bed (including sitting up)	1	2	3	4
3	Inserting enema or toileting	1	2	3	4
4	Washing or showering self	1	2	3	4
5	Transferring on/off a commode or toilet	1	2	3	4
6	Transferring in/out of bed	1	2	3	4
7	Transferring in/out of a car	1	2	3	4
8	Reaching for high objects (e.g. pressing button on a lift, reaching to a high shelf)	1	2	3	4
9	Picking objects up from the floor (e.g. clothes, pet bowl, pen)	1	2	3	4
10	Cooking or food preparation (e.g. making a sandwich, stirring food on the stove)	1	2	3	4
11	Pushing wheelchair on flat ground	1	2	3	4
12	Pushing wheelchair on an uneven surface (e.g. rocky ground, irregular pavement)	1	2	3	4
13	Pushing wheelchair up/down gutters or curbs	1	2	3	4
14	Pushing wheelchair up/down a slope	1	2	3	4
15	Shopping	1	2	3	4
16	Lifting heavy objects across body (e.g. shopping bags, wheelchair into the car)	1	2	3	4