Name of Instrument: **Modified Self Efficacy Scale**
Author: Beth Cheal and Lindy Clemson

Contact Info:

Name: Lindy Clemson
Address: School of Occupation and Leisure Sciences
Faculty of Health Sciences
The Univesity of Sydney
PO Box 170
Lidcombe, NSW 1825
Phone:
Fax:
E-mail: l.clemson@cchs.usyd.edu.au

Privacy Use Cost: $
Public Use Cost: $

Year Developed: 2001

Where to obtain Instrument:
- Contact author

Description of the Instrument
- To increase self-efficacy in situations of falls risk..
- Participants attended a six-session, falls-prevention program for increasing self-efficacy. Sessions provided information and hands-on practice on how to modify falls' risk situations.
- Participants underwent both pre- and post-program interviews. The Modified Falls Efficacy Scales (MFES) was completed during interviews.
- The MFES rates 14 daily activities (e.g. get dressed and undressed, cross roads) on a 10-point scale from “not at all confident” (0) to “completely confident” (10) that they can do the activities without falling.
- Six out of seven participants had an increase in total MFES score (ranging from 4 to 29 points). The average increase was 15 points.

Form of instrument:
- Other: information group sessions and outings

Method of delivery:
- Self-Report
- In-person interview/assessment

Relevance to injury/ Percentage of the instrument specific to injury
- To reduce/prevent falls risk.
- To assess older people’s self-efficacy in avoiding falls during daily activities.

Time to administer or complete the instrument

Methods of data analyses:

- Quantitative

Setting/sample instrument used in:

- 8 participants (5 men and 3 women) were elderly adults attending either inpatient or outpatient services provided by St Joseph's Hospital.

Was it pilot tested? No

Pilot test sample:

Reliability Measures

Validity Measures

Reference

Cheal, B., & Clemson, L. (2001). Older people enhancing self-efficacy in fall-risk situations. Australian Occupational Therapy Journal, 48, 80-91.

Other References

Keywords: elderly, seniors, falls, risk, self-efficacy, falls prevention.