Appendix A. Fear of Falling Avoidance Behavior Questionnaire

Please answer the following questions that are related to your balance. For each statement, please check one box to say how the **fear of falling** has or has not affected you. If you do not currently do the activities in question, try and imagine how your **fear of falling** would affect your participation in these activities. If you normally use a walking aid to do these activities or hold onto someone, rate how your **fear of falling** would affect you as if you were not using these supports. If you have questions about answering any of these statements, please ask the questionnaire administrator.

*Please check **one box** for each question*

	Due to my fear of falling, I avoid…	***Completely disagree***	***Disagree***	***Unsure***	***Agree***	***Completely agree***
1.	***Walking***	☐	☐	☐	☐	☐
2.	***Lifting and carrying objects*** *(e.g., cup, child)*	☐	☐	☐	☐	☐
3.	***Going up and downstairs***	☐	☐	☐	☐	☐
4.	***Walking on different surfaces*** *(e.g., grass, uneven ground)*	☐	☐	☐	☐	☐
5.	***Walking in crowded places***	☐	☐	☐	☐	☐
6.	***Walking in dimly lit, unfamiliar places***	☐	☐	☐	☐	☐
7.	***Leaving home***	☐	☐	☐	☐	☐
8.	***Getting in and out of a chair***	☐	☐	☐	☐	☐
9.	***Showering and/or bathing***	☐	☐	☐	☐	☐
10.	***Exercise***	☐	☐	☐	☐	☐
11.	***Preparing meals*** *(e.g., planning, cooking, serving)*	☐	☐	☐	☐	☐
12.	***Doing housework*** *(e.g., cleaning, washing clothes)*	☐	☐	☐	☐	☐
13.	***Work and/or volunteer work***	☐	☐	☐	☐	☐
14.	***Recreational and leisure activities*** *(e.g., play, sports, arts and culture, crafts, hobbies, socializing, travelling)*	☐	☐	☐	☐	☐

Please make sure you have checked one box for each question. Thank you!

TOTAL: