**Reliability of the original and short versions of the Falls Efficacy Scale-International (FES-I) in people with Parkinson’s disease**

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**Aims:** To evaluate the reliability of the original and short versions of the Falls Efficacy Scale-International (FES-I) in people with Parkinson’s disease (PD).

**Methods:** The FES-I is a self-administered questionnaire that assesses concerns about falling. Respondents answer how concerned they are about the possibility of falling in relation to different activities. The original version contains 16 activities; 7 of these are included in the short version. Response categories are: not at all, somewhat, fairly, or very concerned (scored 1 to 4, respectively). For both versions, a total score (higher=worse) is calculated by summing the included items. The original FES-I has a total score that ranges from 16 to 64, whereas it ranges from 7 to 28 for the short version. The original FES-I was mailed to 174 non-demented persons with PD. Responders received a second survey after two weeks. Reliability for each FES-I version was studied in terms of internal consistency (Cronbach’s alpha) and test-retest reliability (Intraclass Correlation Coefficient, ICC). The standard error of measurement (SEM) and smallest detectable difference (SDD) were calculated. Both SEM and SDD were also expressed as percentages of possible scoring ranges, to facilitate comparisons.

**Results:** One hundred and one persons (57% men) responded to the questionnaire (response rate 58%). Mean time between responses to the first and second questionnaire was 17 (SD 3.8) days. Mean (SD) age and PD duration were 73 (7.7) and 7 (5.6) years, respectively. Fifty five percent were afraid of falling, according to a dichotomous question. Mean (SD, range) total score for the first test occasion was 30 (12.0, 16-59) for the original FES-I and 13 (5.1, 7-25) for the short FES-I. Cronbach’s alpha was 0.96 for the original version and 0.89 for the short version (first as well as second test occasion). Corresponding ICC values were 0.92 and 0.91, respectively. SEM was 3.4 (7%) for the original FES-I and 1.6 (7%) for the short FES-I, whereas corresponding SDD values were 9.6 (20%) and 4.3 (20%), respectively.

**Conclusions:** The present findings indicate that both the original FES-I and the short FES-I are reliable for assessing concerns about falling in people with PD.